

# **A Survey of Rehabilitation Practitioners In Alberta**



June 1983

**Alberta**  
HEALTH AND SOCIAL SERVICE  
PROGRAMS BRANCH  
Program Services Division  
Advanced Education

EXECUTIVE SUMMARY

A Survey of Rehabilitation Practitioners  
in Alberta

Prepared by

Health and Social Service Programs Branch  
Advanced Education

June 1983.

In order to gather current information on the present and projected manpower demand for rehabilitation practitioners, or equivalent personnel, and comments regarding training requirements, surveys of government services, community agencies and special classes within the school systems were completed. These surveys were carried out between August and December 1982.

This report provides an historical overview of the development of the discipline within the province and the establishment of the four college-based rehabilitation service programs.

The major findings are:

- a) The present number of rehabilitation practitioner positions (Dec. 1982), in each of the major employing areas is:

|                     |             |
|---------------------|-------------|
| Government Services | 508         |
| Community services  | 662         |
| School system       | 197         |
|                     | <u>1367</u> |

- b) The number of rehabilitation practitioner positions, that will be required, as a result of growth, expansion and reclassification for the next four years is:

|                     | 1983 | 1984 | 1985 | 1986 | Total |
|---------------------|------|------|------|------|-------|
| Government services | 54   | 85   | 65   | 64   | 268   |
| Community services  | 83   | 67   | 65   | 61   | 276   |
| School system       | 5    | 19   | 9    | 11   | 44    |
|                     | 142  | 171  | 139  | 136  | 588   |

The forecast for the school systems is not considered complete because a number of school boards have not made decisions about educational programs for the severely handicapped and because the recruitment criteria for developmental assistants is not resolved.

- c) The above table does not account for turnover. Based on the Alberta Health and Social Services Disciplines Committee's Survey of Employers, the annual turnover rate for rehabilitation practitioners averaged 23.5% for the year ending September 30, 1982, and the vacancy rate on that date was 5.3%.
- d) The current combined enrolment capacity of the four rehabilitation service programs is 164. Over the past four years the estimated number of graduates leaving the programs annually for employment at the certificate and diploma levels was 93.

- e) The shortfall between the number of graduates from the provincial college programs and the demand projected by employers will be approximately 53 rehabilitation practitioners per year. This does not include an unspecified number of rehabilitation practitioners who will be required to replace personnel who leave the field due to staff turn-over.
- f) A majority of employers in community and government services indicated a preference for some method of upgrading the skill level of some of their untrained employees.

Recommendations:

1. That the Provincial Rehabilitation Service Program Coordinating Committee meet with representatives of the major employing agencies, the Departments of Social Services and Community Health, Education, and Advanced Education to review the following points in relation to required program curriculum:
  - a) employment options open to rehabilitation practitioners;
  - b) job descriptions of such employment;
  - c) entry level skill requirements of graduates; and
  - d) manpower demand.
2. That after completing a review of the present manpower demand and the objectives of the present rehabilitation service programs, a new set of goals and objectives be established by the rehabilitation service programs to provide program guidance and coordination for the next 5 years. These goals should be clearly communicated to all of the major stakeholders within the service system.
3. That the Provincial Committee of Rehabilitation Service Program Coordinators in consultation with major employing agencies and the Departments of Advanced Education, and Social Services and Community Health review specialized training requirements and identify feasible methods for meeting the need for supplemental training. (Some of the options may be: post basic courses, in-service programs, continuing education, and university transfer programs.)
4. That in order to address the projected short-fall of rehabilitation practitioners and to re-evaluate the continuing manpower demand, consideration be given to expanding the existing program capacity for a 4-6 year period. The impact and costs of new program initiation should also be assessed.
5. That priority be given to rehabilitation service training projects for northern Alberta by establishing new brokering arrangements from existing programs.

6. That rehabilitation service programs, in close cooperation with local employers, be encouraged to develop innovative in-service training programs directed at up-grading the skill-level of untrained employees. (The training could be delivered using a variety of options such as self-study modules, challenge examinations and part-time study.)
7. That in-service training be carried out through short-term projects of 2-4 years and be based on commitments from employers for assistance with student scheduling, practica, and tuition. (Employers must be committed to recognize and reinforce the new skills that graduates possess upon completion of training.)
8. That the role of rehabilitation practitioners in school programs for the mentally handicapped be clearly established through consultation with the Department of Education and major school boards. If it is determined that graduates from rehabilitation service programs have a distinct role as developmental assistants, then that manpower demand should also be included in future projections.
9. That the rehabilitation programs at the University of Alberta and the University of Calgary provide appropriate credit recognition to rehabilitation service graduates wishing to obtain advanced training.

**A SURVEY OF REHABILITATION PRACTITIONERS  
IN ALBERTA**

**Prepared by:**

**HEALTH AND SOCIAL SERVICE PROGRAMS BRANCH  
PROGRAM SERVICES DIVISION  
ADVANCED EDUCATION**

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# TABLE OF CONTENTS

|                                                                                                   | Page No. |
|---------------------------------------------------------------------------------------------------|----------|
| ABSTRACT                                                                                          | iv       |
| I. PREFACE                                                                                        | 1        |
| II. HISTORY                                                                                       | 2        |
| 1. Legislation                                                                                    |          |
| 2. Occupational Classifications                                                                   |          |
| 3. Salary Range                                                                                   |          |
| 4. Minimum Recruitment Qualifications                                                             |          |
| 5. Training Programs                                                                              |          |
| 6. Manpower Supply                                                                                |          |
| III. AREAS OF EMPLOYMENT                                                                          |          |
| A. Government Services                                                                            | 16       |
| 1. Introduction                                                                                   |          |
| a. Michener Centre                                                                                |          |
| b. Other Special Facilities                                                                       |          |
| c. Bow Island and Fort McLeod                                                                     |          |
| 2. Number of Personnel and Future Demand                                                          |          |
| 3. Training Preferences Reported by Employers                                                     |          |
| B. Community Service Agencies                                                                     | 31       |
| 1. Introduction                                                                                   |          |
| 2. Number of Personnel and Future Demand                                                          |          |
| 3. Training Preferences Reported by Employers                                                     |          |
| C. The School System                                                                              | 41       |
| 1. Number of Personnel and Future Demand                                                          |          |
| IV. SUMMARY                                                                                       | 45       |
| A. Manpower Demand                                                                                |          |
| B. Training and Upgrading                                                                         |          |
| C. Manpower Supply                                                                                |          |
| V. ISSUES AND RECOMMENDATIONS                                                                     | 55       |
| VI. SUMMARY OF RECOMMENDATIONS                                                                    | 61       |
| APPENDIX A Survey of Employers of Rehabilitation Practitioners,<br>Methodology and Questionnaire. |          |
| APPENDIX B Listing of Agencies Contacted.                                                         |          |
| APPENDIX C Definitions                                                                            |          |

LIST OF TABLES AND GRAPHS

|                                                                                                                                            | Page No. |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. Enrolment in Rehabilitation Service Programs in Alberta 1976-77 to 1980-81.                                                             | 14       |
| 2. Number of Full-Time Rehabilitation Practitioner and Institutional Aide Positions, by Facility in Government Services, August, 1982.     | 23       |
| 3. Growth Expectations for Full-Time Rehabilitation Practitioner Positions in Government Services, 1983-86.                                | 24       |
| 4. Estimated Number of Full-Time Rehabilitation Practitioners Who Will Resign From Positions With Government Services, 1983 - 1986.        | 28       |
| 5. Reported Turnover Rate in Government Services, August, 1982.                                                                            | 28       |
| 6. Number of Full-Time Rehabilitation Practitioner and Aide Positions in Community Service Agencies, December, 1982.                       | 33       |
| 7. Growth Expectations for Full-Time Rehabilitation Practitioner Positions in Community Service Agencies, 1983 - 1986.                     | 33       |
| 8. Estimated Number of Full-Time Rehabilitation Practitioners who Will Resign From Positions with Community Service Agencies, 1983 - 1986. | 37       |
| 9. Reported Turnover Rate in Community Service Agencies, December, 1982.                                                                   | 37       |
| 10. Preferred Methods for Upgrading Current Staff in Community Service Agencies, December, 1982.                                           | 39       |
| 11. Number of Full-Time Developmental Assistant (Rehabilitation Practitioner Equivalent) Positions in the School System, August, 1982.     | 43       |
| 12. Estimated Number of Rehabilitation Practitioners Who Will Resign From Positions Annually, by Employer Type, 1983 - 1986.               | 49       |
| 13. Growth Expectations for Rehabilitation Practitioner Positions, by Employer Type, 1983-1986.                                            | 49       |
| 14. Proportion of Rehabilitation Practitioners Employed in Each of the Major Service Sectors, 1982 and 1986 Forecast.                      | 50       |
| 15. Ratio of Rehabilitation Practitioners to Aides, 1982 and 1986, in Community and Government Services.                                   | 51       |

LIST OF MAPS

|                                                                                                                                                                                                 | Page No. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. Number of Full-Time Rehabilitation Practitioner Positions in Government Services by Region, August, 1982.                                                                                    | 25       |
| 2. Estimated Number of New Full-time Rehabilitation Practitioner Positions Required by Government Services by Region, 1983 - 1986.                                                              | 26       |
| 3. Number of Full-Time Rehabilitation Practitioner Positions in Community Service Agencies by Region, December, 1982.                                                                           | 34       |
| 4. Estimated Number of New Full-time Rehabilitation Practitioner Positions Required by Community Service Agencies by Region, 1983 - 1986.                                                       | 35       |
| 5. Number of Full-Time Developmental Assistant (Rehabilitation Practitioner Equivalent) Positions in the School System by Region, August, 1982 and Projected to be Required by Region, 1983-86. | 44       |
| 6. Number of Full-Time Rehabilitation Practitioner Positions in Alberta by Region, December, 1982.                                                                                              | 47       |
| 7. Estimated Number of New Full-time Rehabilitation Practitioner Positions Required by Alberta by Region, 1983 - 1986.                                                                          | 48       |



ABSTRACT

This survey of government, community agencies and selected school systems that provide services for handicapped Albertans was undertaken to determine the present number of full-time rehabilitation practitioner positions in the service system and the number of positions expected to be required during the next four to five year period.

Employers reported 1,367 full-time rehabilitation practitioner (or equivalent) positions. It is projected that by 1986, due to program growth and the up-grading of existing lower-level positions, approximately 588 new full-time rehabilitation practitioner (or equivalent) positions will be created within community agencies, government services and special education services. This will be accentuated if school boards continue to employ rehabilitation practitioners as developmental assistants. In addition based on the findings of the Survey of Employers of Health and Social Service Personnel, approximately 1,802 rehabilitation practitioners will terminate employment with their respective employers during the next four years. Although at this time it is difficult to estimate how many of these personnel will leave the field, it is certain that some will need to be replaced by new workers.

Both community and government services report a preference for upgrading the skills of some of their existing staff to meet a part of this demand.

The report concludes that there is a significant undersupply of rehabilitation practitioner graduates and it recommends that innovative and immediate steps be taken to meet this manpower demand.

## I. PREFACE

Following Provincial policies of regionalization and normalization, there has been continued expansion of rehabilitation services for mentally handicapped persons throughout Alberta. These changes have created a demand for rehabilitation practitioners or equivalent workers<sup>1</sup>, that exceeds the supply of trained personnel available. This report documents the number of full-time rehabilitation practitioners in the Province and foreshadows the demand for additional personnel in the short-term. A comprehensive survey of employers of rehabilitation practitioners was conducted:

- (1) to identify the present number of rehabilitation practitioners;
- (2) to identify present and future demand for rehabilitation practitioners; and
- (3) to identify the perceptions that employers hold regarding the training of rehabilitation practitioners.

Assistance in the preparation of this report was provided through a grant from the Student Temporary Employment Program (STEP).

<sup>1</sup> The term "rehabilitation practitioner" as used throughout this report is understood to be synonymous with a number of related classification titles for individuals working with handicapped persons in: residential, school, vocational and support services. Please see the definition for rehabilitation practitioner on page 7.

## 11. HISTORY

In order to adequately examine the present supply and demand for rehabilitation practitioners it is necessary to begin with a brief history of the events leading to and the development of this occupational group.

In 1972, the Alberta Regional Manpower Advisory Council (ARMAC) was formed as a provincial counterpart to the National Manpower Advisory Council (NMAC) of the National Institute on Mental Retardation. ARMAC had two objectives:

- (1) a desire to receive formal recognition and funding from NMAC; and
- (2) an urgent need to facilitate the training of rehabilitation manpower within the Province.

During the same year, the Department of Social Services and Community Health decided to stop offering the Mental Deficiency Nursing Program at Michener Centre. It was decided that programs to fulfill the manpower demand created by the changed service system should be offered by the college system. RUSH<sup>1</sup>, a subcommittee of ARMAC, was formed to study the consequences of this transition and soon replaced ARMAC because it was more effective.

<sup>1</sup> RUSH is not an acronym but a "descriptive title" reflecting the urgency that was required in addressing the manpower and training needs at the time.

The rehabilitation practitioner role was established approximately 10 years ago following a major reorganization of the service delivery system for developmentally handicapped persons. It was a change in focus from the medical/institutional (care directed) approach, to one that is rehabilitation/educational (training) oriented, with an emphasis on the delivery of services within existing communities.

In 1974, with the assistance of the RUSH Committee, Red Deer College started the first rehabilitation service program in Alberta for the training of rehabilitation practitioners. By 1976, three more college programs at Grant MacEwan Community College, Lethbridge Community College and Mount Royal College were added.

RUSH and the four colleges planned to develop a joint evaluation model that would facilitate credit transfer between the colleges and create greater curricular compatibility between the programs. However, after much debate it was RUSH's decision not to evaluate college programs because clearly, institutional autonomy places that responsibility with each college.

By the end of 1980 RUSH's activities slowed down considerably. Many of its goals had been fulfilled and new mechanisms were in place that could more effectively undertake the roles originally assigned to it. For this reason RUSH disbanded in late 1981 with a major recommendation that: the four colleges offering

rehabilitation service programs be asked to establish a coordinating committee composed of the heads of the programs.

RUSH also suggested that the proposed Coordinating Committee have the following terms of reference:

- (1) to ensure that the needs of the service sector are reflected in the curricula of the rehabilitation practitioner programs; and
- (2) to coordinate program offerings in order to maximize transferability throughout the Province.

The rehabilitation practitioner role within this changed environment is still evolving. Although there are a number of classification names and definitions similar to rehabilitation practitioner currently in use, the range of classifications is slowly becoming more consistent due to:

- 1) greater recognition of the basic educational requirements,
- 2) a strong manpower demand,
- 3) competitive salary levels, and
- 4) developing service standards.

During the past eighteen months there have been a number of inquiries about the need for more training places in rehabilitation service programs. Since manpower demand for rehabilitation practitioners has implications for the college system, the Department of Advanced Education and

Manpower contacted the Department of Social Services and Community Health for clarification of their perceived demand for rehabilitation practitioner personnel within the government sector. The Social Services and Community Health survey was received in March and then reviewed and verified in August 1982 by contacting both the Social Services and Community Health Personnel Office and the individual services.

In order to ensure that a comprehensive review of the manpower and training needs for rehabilitation practitioners in the Province was carried out, the Department of Advanced Education completed two additional surveys by contacting the employers of rehabilitation practitioners in:

- 1) private community service agencies, and
- 2) special education departments of some school boards.

Information on the survey methodology is included in Appendix A.

Within the context of this historical background it is also important to review the status of rehabilitation practitioners with regard to: legislation, occupational classification, salary range, recruitment qualifications, training programs and manpower supply.

1. Legislation:

At present there is no legislation regulating the registration, training and conduct of rehabilitation practitioners within the Province. The Health

Occupations Act passed November 27, 1980 could potentially regulate these aspects. An application for examination has been formally placed before the Health Occupations Board by the Alberta Association of Rehabilitation Practitioners and it is now under review.

2. Occupational Classifications:

Two occupational groups work directly with developmentally handicapped persons:

- a) rehabilitation aides, who are not required to have any formal training, and
- b) rehabilitation practitioners, who have post-secondary training.

The definitions used by the largest employer, the Government of Alberta, are:

- a) Institutional Aide. This is an employee who carries out direct care and training work in the provision of rehabilitation programs for developmentally handicapped children and adults in specialized care and training services.

Institutional aides normally receive supervision from rehabilitation practitioners. Typical duties include: direct care such as feeding, dressing and toileting; promoting and carrying out developmental programs prepared by their supervisor; planning and organizing daily routines; and related duties.

- b) "Rehabilitation practitioner. This is an employee who works in the provision of rehabilitation programs to the developmentally handicapped in a community or institutional setting. These workers are normally responsible for the delivery of established care and developmental programs based on client's needs in the areas of residential, family support, vocational, social education, recreation/leisure or developmental day care."<sup>1</sup>

Alberta Social Services and Community Health recognizes three levels of rehabilitation practitioner.

A position summary for each of these levels follows:

a) Rehabilitation Practitioner I

Kind and Level of Work

"This is work in the provision of rehabilitation programs to the developmentally handicapped in a community or an institutional setting.

Employees of positions allocated to this class

<sup>1</sup> Source: Health and Social Service Manpower in Alberta, 1982; Alberta Health and Social Services Disciplines Committee. A publication providing basic information and statistical data on 72 health and social service manpower groups in Alberta.

are responsible for the delivery of established care and developmental programs to, and for the exercise of control and judgement over, clients assigned to their care. Employees may be required to design and deliver basic rehabilitative programs of a less complex nature and provide leadhand direction to subordinate staff. Supervision and direction are received from a higher level rehabilitation practitioner."

b) Rehabilitation Practitioner II

Kind and Level of Work

"This is team leader or program practitioner work in the provision of rehabilitation programs to the developmentally handicapped in a community or institutional setting.

Employees of positions allocated to this class who function as team leaders perform work in and supervise the development and delivery of a number of rehabilitative programs. Employees of positions allocated to this class who function as program practitioners design and deliver one or more specialized rehabilitative programs, based on an assessment of clients' needs in the areas of residential, family support, vocational, social education, recreation/leisure or developmental day care.

The work performed by a program practitioner is exercised with a considerable degree of independence. Employees of positions in this class may provide training and guidance to other staff and/or to students in accordance with established policies and procedures. This class is distinguished from the rehabilitation practitioner I class by the greater degree of supervisory responsibility and/or responsibility for the development and delivery of a variety of programs. Supervision is received from a rehabilitation practitioner III or other senior staff. Direction may be provided by other professional staff."

c) Rehabilitation Practitioner III

Kind and Level of Work

"This is supervisory and administrative work or advanced rehabilitation program work in the provision of rehabilitation programs to the developmentally handicapped in a community or an institutional setting.

Employees of positions allocated to this class who perform supervisory and administrative work are responsible for the effective and efficient operation of a designated work unit and the coordination and delivery of all rehabilitation programs offered within the unit.

Employees of positions allocated to this class who perform advanced rehabilitation work function in a staff role providing advice and guidance in one or more program specializations to rehabilitation units, community services or peers. This class is distinguished from the rehabilitation practitioner II class by the greater scope of supervisory and administrative responsibilities and/or the greater degree of independence exercised by and expertise required of employees who develop and deliver innovative and complex programs of a specialized nature. Supervision is received from senior administrative personnel. Direction may be provided by other professional staff."<sup>1</sup>

Some of the working titles that are parallel or synonymous to rehabilitation practitioner, depending on the employing agency are: program practitioner, rehabilitation counsellor, residential counsellor, independent living supervisor, behavior counsellor, developmental assistant, early intervention worker, special needs worker, vocational supervisor, vocational instructor, and vocational counsellor.

<sup>1</sup> Source: Social Services & Community Health Personnel classification specifications.

### 3. SALARY RANGE:

The salary ranges paid by the Government of Alberta for each group, effective April 1, 1983 are:

|                                 | <u>Starting</u> | <u>Maximum</u> |
|---------------------------------|-----------------|----------------|
| Institutional Aide              | 18,228          | 21,048         |
| Rehabilitation Practitioner I   | 21,528          | 28,428         |
| Rehabilitation Practitioner II  | 25,152          | 29,940         |
| Rehabilitation Practitioner III | 26,904          | 33,732         |

Many other employers pay similar rates.

### 4. MINIMUM RECRUITMENT QUALIFICATIONS:

The standards vary across agencies. The following are those used by the Department of Social Services and Community Health:

#### Institutional Aide I

- Some high school education plus some related experience.

#### Rehabilitation Practitioner I

- Completion of a one year rehabilitation services program certificate from a recognized college and some previous experience working with developmentally handicapped persons.

#### Rehabilitation Practitioner II

- Completion of a one year rehabilitation services program certificate from a recognized college and a minimum of two years experience working with the developmentally handicapped; or

completion of a two year rehabilitation services program diploma and a minimum of one year experience working with the developmentally handicapped; or completion of a Bachelor's degree in the social sciences.

#### Rehabilitation Practitioner III

- Completion of a two year rehabilitation services program diploma or a Bachelor's degree in the social sciences, plus considerable experience working with the developmentally handicapped.

#### 5. Training Programs:

There are three recognized sources of rehabilitation practitioners:

- (1) graduates from a one-year certificate or a two year diploma program in rehabilitation services at Grant MacEwan Community College, Lethbridge Community College, Mount Royal College, and Red Deer College;<sup>1</sup>
- (2) graduates from recognized rehabilitation counselling/practitioner programs in other provinces or states; and

<sup>1</sup> In 1982 the Provincial Rehabilitation Service Program Coordinators Committee, in response to requests from their respective advisory committees, adopted a resolution to move toward establishing the two year diploma program as the basic level of qualification. Individual colleges are planning to discontinue the one year certificate programs, as they determine it to be appropriate.

- (3) individuals with other acceptable combinations of education and experience. For example related experience and a B.Ed., B.P.Ed., or Bachelors degree in the social sciences.

Table 1 shows the quota, total number of enrolments and graduates of the four rehabilitation services programs in Alberta, from 1977-78 to 1981-82.

TABLE 1  
ENROLMENT IN REHABILITATION SERVICE PROGRAMS IN ALBERTA  
1977-78 to 1981-82

| Academic Year                        | 1977-78 |    | 1978-79 |    | 1979-80 |    | 1980-81 |    | 1981-82 |    |
|--------------------------------------|---------|----|---------|----|---------|----|---------|----|---------|----|
| Quota                                | 104     |    | 134     |    | 134     |    | 134     |    | 164     |    |
| Enrolments                           | FT      | PT | FT      | PT | FT      | PT | FT      | PT | FT      | PT |
| 1st Year<br>(Cert.)                  | 88      | 10 | 132     | 21 | 124     | 18 | 140     | 80 | 152     | 91 |
| 2nd Year<br>(Dipl.)                  | 32      | 6  | 63      | 5  | 70      | 16 | 74      | 15 | 70      | 16 |
| Graduates<br>ready for<br>Employment | 43      |    | 82      |    | 96      |    | 90      |    | 94      |    |

1. The numbers indicated in "graduates ready for employment" are estimated and indicate the number of students who completed their studies at the certificate or diploma level and who accepted or were prepared to accept employment.
2. Attrition from the program has been approximately 30% in each of the last three years reported.

6. MANPOWER SUPPLY:

Agencies that provide services to developmentally handicapped persons have traditionally had considerable difficulty recruiting sufficient numbers of adequately trained staff. In the past, several of the largest employers dealt with this by developing their own staff training programs. The lack of rehabilitation practitioners continues to be a concern to many agencies. The September 30, 1982 Survey of Employers of Health and Social Service Personnel reports that the vacancy rate for rehabilitation practitioners is ranked eighth highest of all health and social service personnel - 5.2%. In 1981 it was the highest.

As a result of ongoing manpower shortages in northern and central Alberta in government operated services the Department of Social Services and Community Health has, in order to obtain required personnel, recruited rehabilitation practitioners in Ontario and the Maritimes. These recruiting campaigns were conducted in 1975, 1980, 1981 and 1982. Another campaign took place in early 1983.

Rehabilitation Practitioners are employed in three major service sectors: government services, community service agencies and the school system. These services are reviewed separately in the following sections.

### III. AREAS OF EMPLOYMENT

#### A. GOVERNMENT SERVICES

##### 1. Introduction

The demand for rehabilitation practitioners within government operated services has grown following the development of some specialized services and the upgrading of other services for handicapped persons.

This section of the report deals with services administered by the Department of Social Services and Community Health. The data was obtained from the residential facilities and related services operated by the Department and the special facilities planned for Bow Island and Fort McLeod. For purposes of this survey these two special units have been included with the Government Services data so that a separate data category would not be required. This is done fully recognizing that, when the facilities are completed, they will be operated under private boards.

##### a. Michener Centre

During 1923, a provincial centre for the mentally handicapped was opened in Red Deer to serve children and adults not accommodated within local communities.

During the 1920's and 1930's the small

communities in the province were composed of extended families, who tended to be self sufficient and able to provide for their handicapped family members except in very difficult circumstances. Prior to the period of urbanization that began in the late 1930's, the Michener Centre population remained relatively constant and met the provincial need. Following World War II, when the birth rate increased and families became more nuclear and mobile, there was an increased demand for specialized services, that resulted in a parallel growth in the Michener Centre population.

With the election of a new provincial government in 1971, many of the underlying assumptions about the way that services for mentally handicapped people should be provided were changed. New policies were implemented in order to regionalize and de-institutionalize many of the services for mentally handicapped persons. One of the first steps in support of regionalizing services was a decision to establish a new discipline of trained personnel who would work with handicapped persons in both community and institutional settings - rehabilitation practitioners. The training of these personnel became the responsibility of the

provincial college system.

By 1974, the population of Michener Centre had reached almost 2,300 clients. One of the long term objectives for the Department of Social Services and Community Health was that the number of clients would be reduced to approximately 1,000. To achieve this goal, the Centre began planning the transfer of many of the clients to community operated services in their home regions. Partly because of the pressure on community services to accept clients directly from their own communities and partly because all but the highest functioning clients transferred required additional training in basic living skills, this process has taken much longer than was expected.

In order to address this objective Michener Centre is planning to upgrade the skill-level of some of their present untrained personnel so that client training can be increased. This special training project, developed with Red Deer College, is to offer the first year of the rehabilitation services program to 20-30 employees of the centre for the next three years. Upon successful completion of the program those staff members will be eligible for reclassification from institutional aides to

rehabilitation practitioners. Additional vacant positions may be filled by newly recruited rehabilitation practitioners.

The manpower demand and training projections for Michener Centre are summarized in Tables 2 and 3, pages 23 and 24.

b. Other Special Facilities

The reorganization of services that began in 1971 has had a major impact on the role of the smaller government operated facilities. Some of these services have operated for a number of years and have only recently been modified to meet the needs of severely and profoundly handicapped children and adults. Others are relatively new and were established to provide specialized services not provided through the community agencies.

c. Bow Island and Fort McLeod

As part of the plan to regionalize some of the medically dependent and profoundly handicapped clients from Michener Centre and Baker Centre, the Department of Social Services and Community Health decided to develop new and smaller facilities in southern Alberta. In 1979, it was proposed that "special care units" be built at both Fort McLeod and Bow Island. These thirty bed units are scheduled to open in fiscal

years 1984/85 and 1985/86 respectively. A pre-service training program for the rehabilitation practitioner staff is being developed in cooperation with Lethbridge Community College.

2. Number of Personnel and Future Demand

The reorganization of the service system in Alberta, during the 1970's, followed a similar decision by the government of Ontario approximately five years earlier. In both cases it was projected that almost all institutionalized developmentally handicapped persons would be relocated to small group homes or alternate living arrangements in their community of origin.

In Alberta the community agencies have experienced a remarkable growth that is largely the result of two factors: transfer of the most capable individuals from institutions, and admission of young handicapped persons from local communities. As a result many new institutional placements have been avoided, but the number of clients de-institutionalized is much smaller than originally projected. The most severely and profoundly handicapped and the aged have tended to remain in or continue to be admitted to the institutions. The population of Michener Centre has tended for the past

three years to level off between 1,525 and 1,600 clients.

The situation is similar in Ontario. The contributing factors in both cases appear to be:

- a) fiscal restraint on the part of government,
- b) the rising costs of small and intense services,  
and
- c) the need to further improve the present community based service model.

Acceptance of this trend, to rely on the institutional option for the most handicapped, may be reflected by Alberta's decision to construct "mini institutions" for the most handicapped at Bow Island and Fort McLeod and to redevelop Baker Centre, in Calgary.

As of August 1982 there were 508 full-time rehabilitation practitioner positions and 979 full-time institutional aide positions in government services. Approximately 55% of the rehabilitation practitioners and 72% of the institutional aide positions were at Michener Centre.

Employers in the government services estimate that the required number of full-time rehabilitation practitioner positions will increase annually by approximately 67, or 268 positions over the next four years.

It is forecast that by a combination of in-service training of institutional aides and the hiring of new rehabilitation practitioners, 146 newly reclassified positions could be filled over four years.

Table 2 shows the number of rehabilitation practitioner positions in government service agencies and Table 3 summarizes the future growth expectations for each of these employing agencies. It reflects a modest growth in new positions for some of the smaller services and no growth at all for others. Map 1 illustrates the present and Map 2 the expected future geographical distribution of these personnel.

TABLE 2.

NUMBER OF FULL-TIME REHABILITATION PRACTITIONER AND INSTITUTIONAL  
AIDE POSITIONS, BY FACILITY IN GOVERNMENT SERVICES, AUGUST, 1982

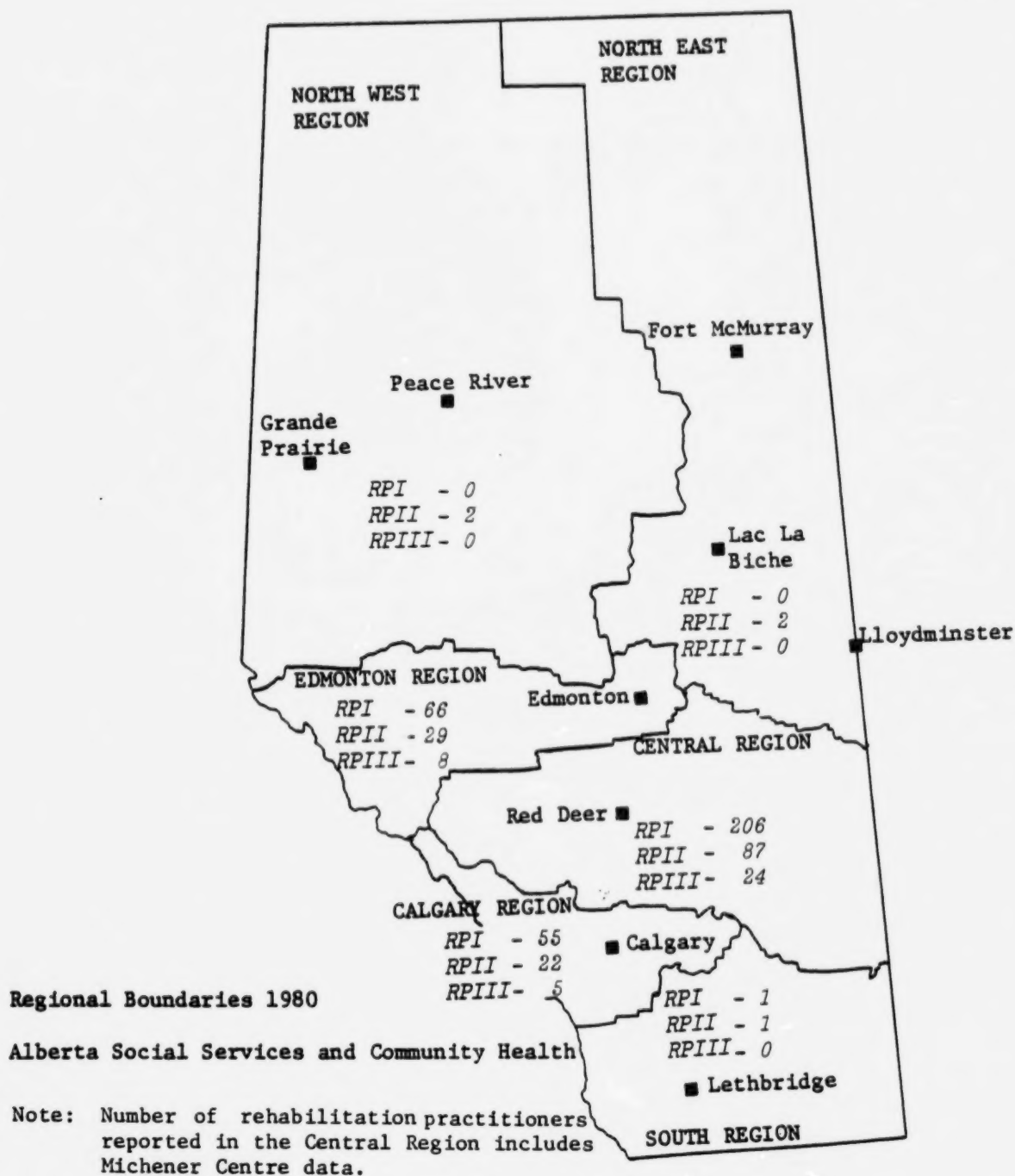
| Facility                                      | 1982<br>Aide | 1982 |      |       |                 |
|-----------------------------------------------|--------------|------|------|-------|-----------------|
|                                               |              | RPI  | RPII | RPIII | Total<br>R.P.'s |
| Michener Centre                               | 701          | 175  | 85   | 18    | 278             |
| Eric Cormack<br>Centre                        | 64           | 4    | 2    | 1     | 7               |
| Rose Crest<br>Home                            | 38           | 3    | 0    | 0     | 3               |
| Baker Centre                                  | 84           | 44   | 14   | 1     | 59              |
| Community Behavior<br>Services Calgary        | 0            | 7    | 3    | 0     | 10              |
| Resources for the<br>Dependent<br>Handicapped | 71           | 46   | 14   | 4     | 64              |
| Wetaskiwin Centre                             | 19           | 5    | 2    | 1     | 8               |
| Community Behavior<br>Services Edmonton       | 2            | 13   | 14   | 1     | 28              |
| Fort McLeod and<br>Bow Island                 | 0            | 0    | 0    | 0     | 0               |
| Regional Offices +<br>Other                   | 0            | 31   | 9    | 11    | 51              |
| Total                                         | 979          | 328  | 143  | 37    | 508             |

TABLE 3.

GROWTH EXPECTATIONS FOR FULL-TIME REHABILITATION PRACTITIONER  
POSITIONS IN GOVERNMENT SERVICES, 1983-1986

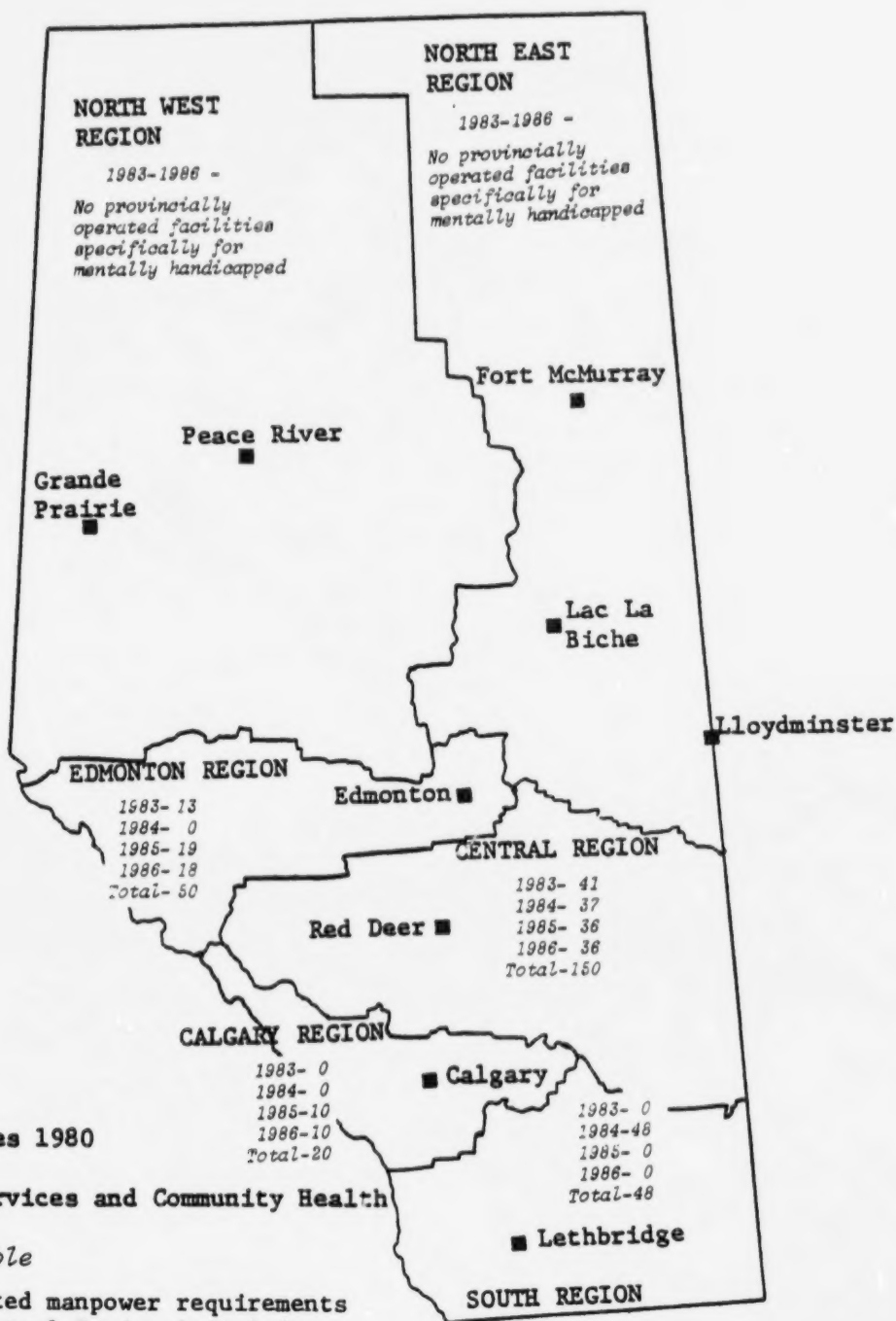
| Facility                                      | 1983 |      |       |       | 1984 |      |       |       | 1985 |      |       |       | 1986 |      |       |       |
|-----------------------------------------------|------|------|-------|-------|------|------|-------|-------|------|------|-------|-------|------|------|-------|-------|
|                                               | RPI  | RPII | RPIII | Total | RPI  | RPII | RPIII | Total | RPI  | RPII | RPIII | Total | RPI  | RPII | RPIII | Total |
| Michener Centre                               | 17   | 18   | 2     | 37    | 17   | 18   | 2     | 37    | 16   | 18   | 2     | 36    | 16   | 18   | 2     | 36    |
| Eric Cormack<br>Centre                        | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     |
| Rose Crest<br>Home                            | 4    | 0    | 0     | 4     | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     |
| Baker Centre                                  | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     |
| Community Behavior<br>Services Calgary        | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     | 7    | 3    | 0     | 10    | 7    | 3    | 0     | 10    |
| Resources for the<br>Dependent<br>Handicapped | 7    | 2    | 0     | 9     | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     |
| Wetaskiwin Centre                             | 3    | 1    | 0     | 4     | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     |
| Community Behavior<br>Services Edmonton       | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     | 16   | 3    | 0     | 19    | 16   | 2    | 0     | 18    |
| Fort McLeod and<br>Bow Island                 | 0    | 0    | 0     | 0     | 22   | 26   | 0     | 48    | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     |
| Regional Offices +<br>Other                   | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     | 0    | 0    | 0     | 0     |
| Total                                         | 31   | 21   | 2     | 54    | 39   | 44   | 2     | 85    | 39   | 24   | 2     | 65    | 39   | 23   | 2     | 64    |

Number of Full-time Rehabilitation Practitioner Positions  
in Government Services by Region, August, 1982



MAP 2.

Estimated Number of New Full-time Rehabilitation Practitioner Positions  
Required by Government Services by Region, 1983-1986



Regional Boundaries 1980

Alberta Social Services and Community Health

N/A - Not applicable

Note: The projected manpower requirements for the Central Regional includes Michener Centre data.

In addition to the manpower demand created by growth and position upgrading, more rehabilitation practitioners will be required to off-set the effects of staff turn-over. Based on the annual average turnover rate of 23.5%, reported by the September 30, 1982, Survey of Employers of Health and Social Service Personnel, approximately 160 rehabilitation practitioners will terminate their employment in each of the next four years. Because turnover includes all reasons for resignations, changing agencies, changing jobs, etc., it is difficult to estimate how many of these personnel will leave the field. It is certain that some will need to be replaced by new workers.

Table 4 shows the estimated number of resignations for each level of rehabilitation practitioner that is expected to occur during the period 1983 - 1986. Table 5 indicates the variability in turnover rates as reported by employers. The reasons for this degree of variability is not obvious. Neither size of facility nor degree of client disability appeared to be highly correlated with turnover. The demand for replacement rehabilitation practitioners could be significantly reduced if services that have high turnover rates were able to establish practices that would encourage the retention of those personnel.

TABLE 4.

ESTIMATED NUMBER OF FULL-TIME REHABILITATION PRACTITIONERS  
WHO WILL RESIGN FROM POSITIONS WITH GOVERNMENT SERVICES, 1983-1986

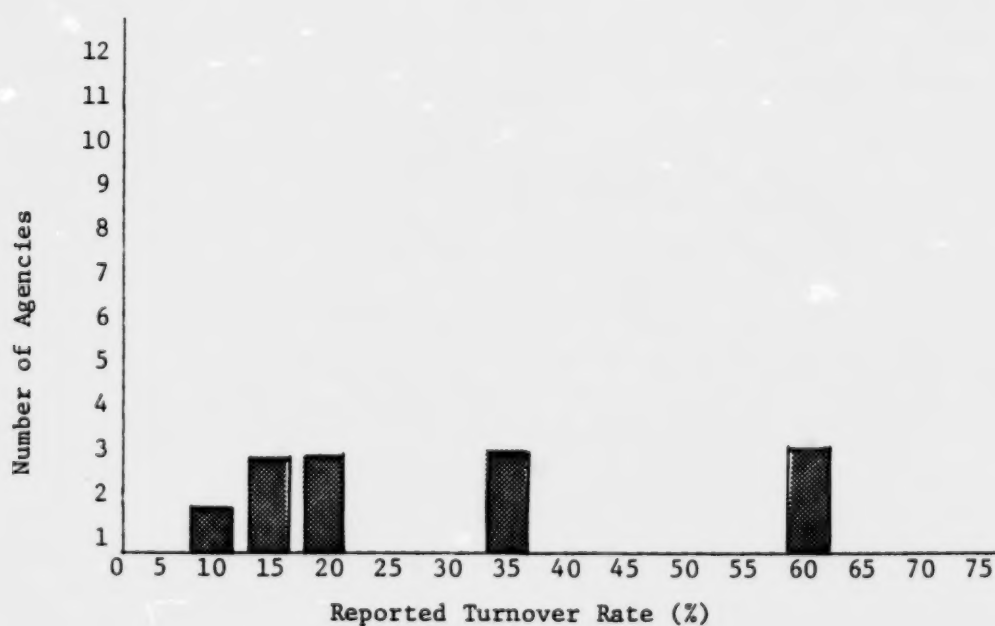
| Level  | 1983 | 1984 | 1985 | 1986 |
|--------|------|------|------|------|
| RP I   | 84   | 94   | 103  | 112  |
| RP II  | 34   | 49   | 56   | 83   |
| RP III | 9    | 10   | 10   | 11   |
| TOTAL  | 127  | 153  | 169  | 206  |

Note: Based on a turnover rate of 23.5%, as reported by the Survey of Employers of Health and Social Service Personnel, September 30, 1982, prepared by the Alberta Health and Social Services Disciplines Committee.

Turnover rate -  $\frac{\text{number of resignations (FTE)}}{\text{number of positions (FTE)}} \times 100$

GRAPH 5.

REPORTED TURNOVER RATE IN GOVERNMENT AGENCIES, AUGUST, 1982



### 3. Training Preferences as Reported by Employers

Administrators of the seven government services were asked their preference in filling vacant rehabilitation practitioner positions. Three employers reported that they preferred to upgrade their current staff, three indicated that a combination of upgrading and hiring is preferable and one reported that hiring new staff would be more appropriate.

Individual employers also made the following comments:

- a. There are too many problems in upgrading at the present time.
- b. Upgrading should be considered on an individual not a group basis because only a proportion of the untrained staff members are willing and able to take intense training.
- c. Upgrading is desirable but college programs are designed for pre-service training.

These administrators were also asked whether they were satisfied with the competency level of new graduates. Three employers indicated that they were satisfied and four indicated that they were not. The following comments were made by employers who reported they were not satisfied:

- a. Graduates should have more practical experience designing behaviorial programs.
- b. Graduates should have two basic years of training.
- c. More training should be provided in health care and mental retardation.
- d. The training tends to focus on community services.
- e. Graduates require several months orientation before becoming confident.
- f. Graduates from Ontario have more "hands-on" experience than do Alberta graduates.
- g. The graduates should have more experience in a specialty area.
- h. Graduates lack experience with severely and profoundly handicapped children and adults.

These observations are addressed in Sections IV and V, Issues and Recommendations, and Summary of Recommendations.

B. COMMUNITY SERVICE AGENCIES

1. Introduction

During the past ten years private community agencies have been encouraged and assisted by government to provide an increasing proportion of the services delivered to handicapped persons. They now provide a wide range of services that include: residential programs (group homes, alternate homes and support services), vocational training programs (workshops, sheltered employment, work placement and follow-up), recreational programs (for children and adults), day programs (for infants and children), and specialized services (family support, behavior services, and service coordination).

In order to obtain information on present manpower levels, training requirements and future manpower projections for rehabilitation practitioners in private community agencies, the Department of Advanced Education conducted a survey in 1982. The community agencies that make up this large and important part of the total service sector were surveyed with regard to their present and future manpower demands. This section summarizes the:

- a) number of rehabilitation practitioners employed by community agencies;
- b) demand for these para-professionals in the near future (1-4 years);

- c) need for skill-upgrading;
- d) training approaches suggested by employers; and
- e) comments made by employers regarding their perceptions of the consistency between their employment demands and the skills possessed by rehabilitation service program graduates.

## 2. Number of Personnel and Future Demand

This comprehensive survey of 60 employers of rehabilitation practitioners in the community sector received a response rate of 100%. The information obtained in the spring of 1982 was reviewed and up-dated with the employers in December 1982 to ensure that the effects of the economic turn-down were taken into account. A listing of agencies surveyed is included in Appendix B.

Employers indicated, as summarized in Table 6, that there were 662 full-time rehabilitation practitioner positions and 291 full-time aide positions in the community sector. Map 3 illustrates the present and Map 4 the projected future geographic distribution of these personnel.

By 1986, 67% of these agencies expect to increase the number of rehabilitation practitioner positions on their staff. Table 7 reports that employers estimate that they will require approximately 69 full-time rehabilitation practitioners per year for the next four years.

TABLE 6.

NUMBER OF FULL-TIME REHABILITATION PRACTITIONER  
AND AIDE POSITIONS IN COMMUNITY SERVICE AGENCIES, DECEMBER, 1982

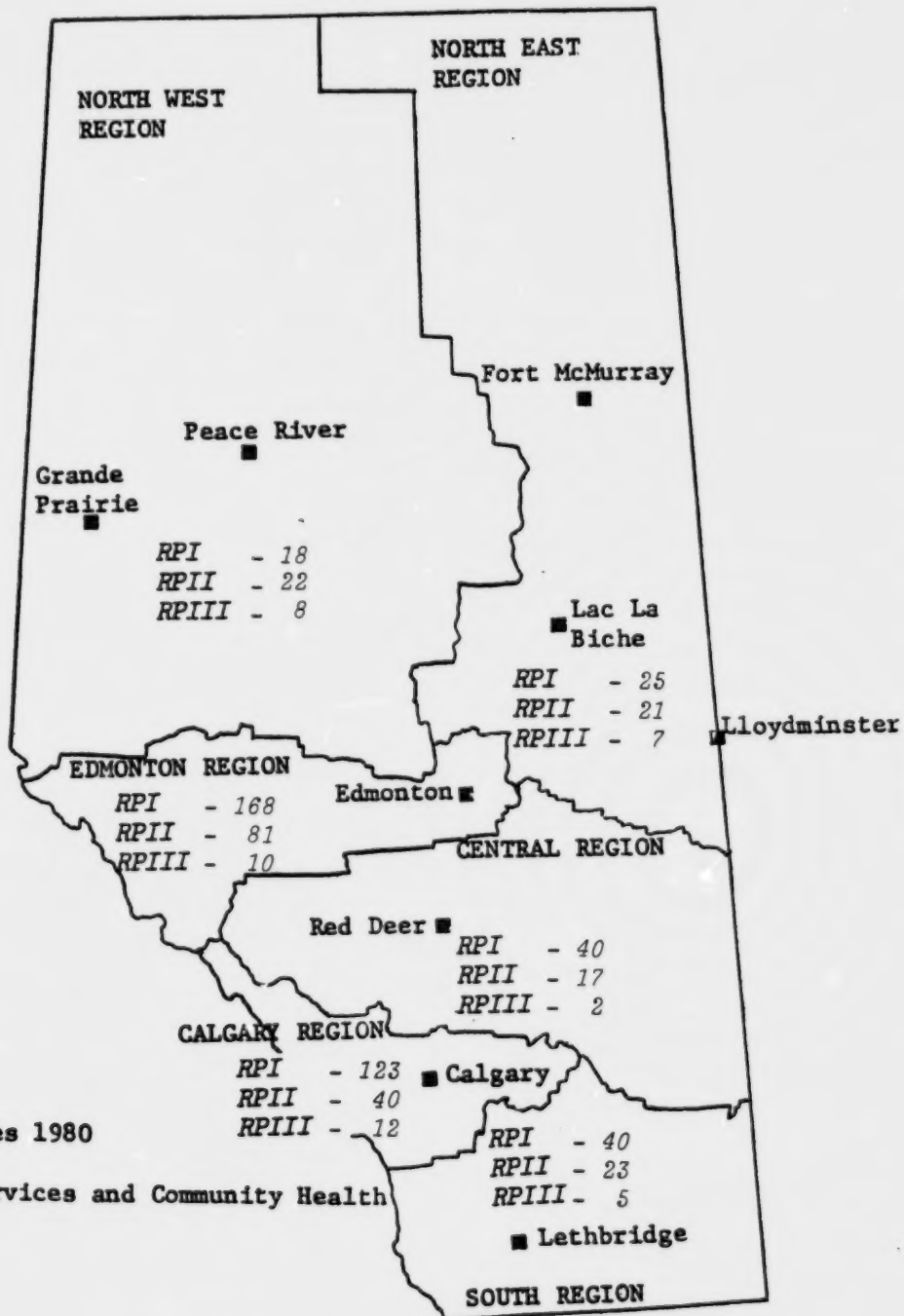
| Aide | RPI | RPII | RPIII |
|------|-----|------|-------|
| 291  | 414 | 204  | 44    |
|      | 662 |      |       |

TABLE 7.

GROWTH EXPECTATIONS FOR FULL-TIME REHABILITATION PRACTITIONER  
POSITIONS IN COMMUNITY SERVICE AGENCIES, 1983-1986

|       | 1983 | 1984 | 1985 | 1986 |
|-------|------|------|------|------|
| RPI   | 68   | 43   | 45   | 38   |
| RPII  | 13   | 17   | 14   | 17   |
| RPIII | 2    | 7    | 6    | 6    |
| Total | 83   | 67   | 65   | 61   |

Number of Full-time Rehabilitation Practitioner Positions  
in Community Service Agencies by Region, December, 1982

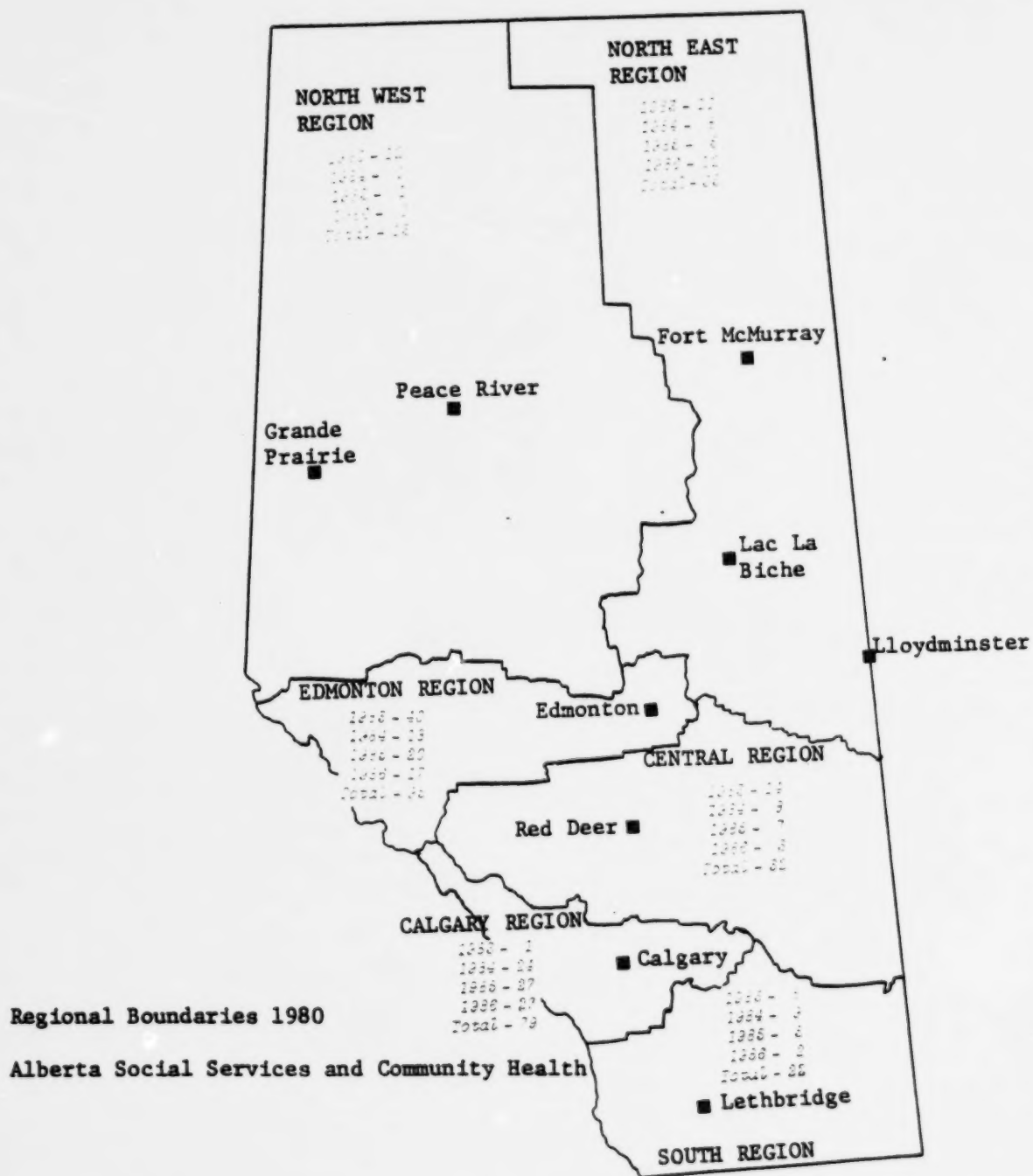


Regional Boundaries 1980

Alberta Social Services and Community Health

MAP 4.

Estimated Number of New Full-time Rehabilitation Practitioner Positions  
Required by Community Service Agencies by Region, 1983-1986



In addition to the manpower demand created by program growth and position up-grading more rehabilitation practitioners will be required to offset the effects of staff turn-over. Based on the average annual turnover rate of 23.5%, reported by the September 30, 1982 Survey of Employers of Health and Social Service Personnel, approximately 195 rehabilitation practitioners will terminate their employment in each of the next four years. Because turnover includes all reason for resignations, changing agencies, changing jobs, etc., it is difficult to estimate how many of these personnel will leave the field. It is certain that some will need to be replaced by new workers.

Table 8 shows the estimated number of resignations for each level of rehabilitation practitioner that is expected to occur during the period 1983 - 1986. Graph 9 indicates the variability in turnover rates as reported by employers. The degree of variability in turnover rates is not highly correlated with the size of the agency or the kind of service provided.

TABLE 8.

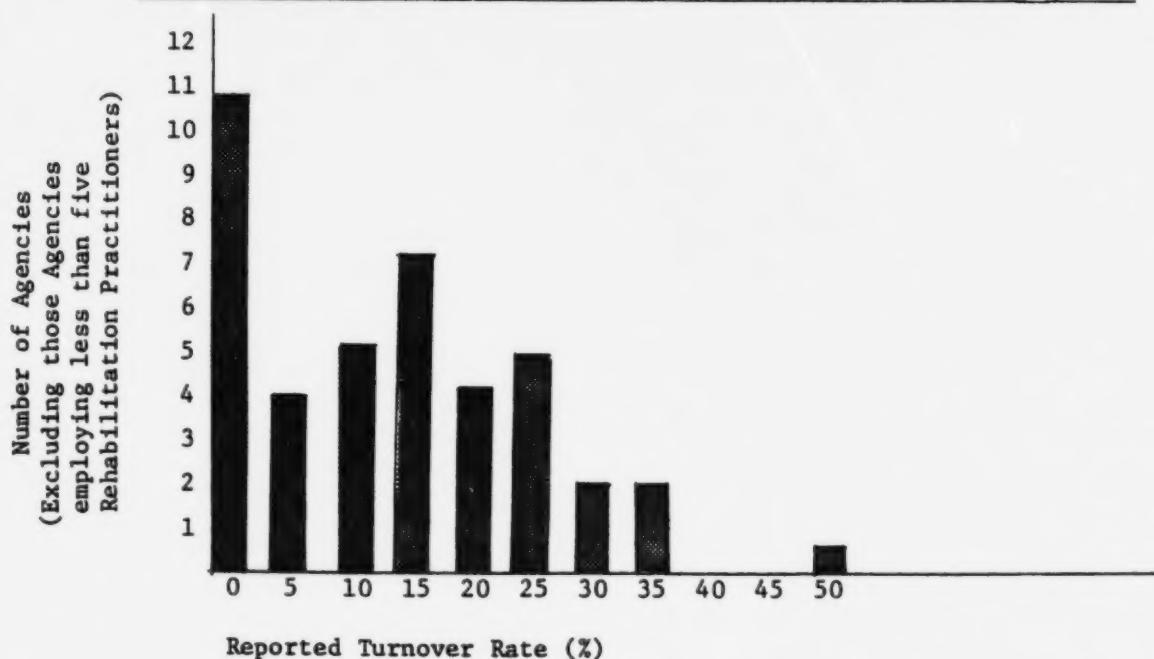
ESTIMATED NUMBER OF FULL-TIME REHABILITATION PRACTITIONERS  
WHO WILL RESIGN FROM POSITIONS WITH COMMUNITY SERVICE AGENCIES, 1983-1986

| Level | 1983 | 1984 | 1985 | 1986 |
|-------|------|------|------|------|
| RPI   | 113  | 123  | 134  | 143  |
| RPII  | 51   | 55   | 58   | 62   |
| RPIII | 11   | 12   | 14   | 15   |
| Total | 175  | 190  | 206  | 220  |

\*Note: Based on a turnover rate of 23.5%, as reported by the Survey of Employers of Health and Social Service Personnel, September 30, 1982, prepared by the Alberta Health and Social Services Disciplines Committee. Turnover rate:  $\frac{\text{number of resignations (FTE)}}{\text{number of positions (FTE)}} \times 100$

GRAPH 9.

REPORTED TURNOVER RATE IN COMMUNITY SERVICE AGENCIES, DECEMBER, 1982



### 3. Training Preferences Reported by Employers

Administrators of the 60 community service agencies were asked their preference in filling vacant rehabilitation practitioner positions. The preference was clearly to upgrade staff. Forty agencies (67%) reported that they would prefer to upgrade their present untrained employees to fill vacant positions if a feasible method of upgrading were available. Fifteen indicated that they would prefer to hire new personnel and five did not reply.

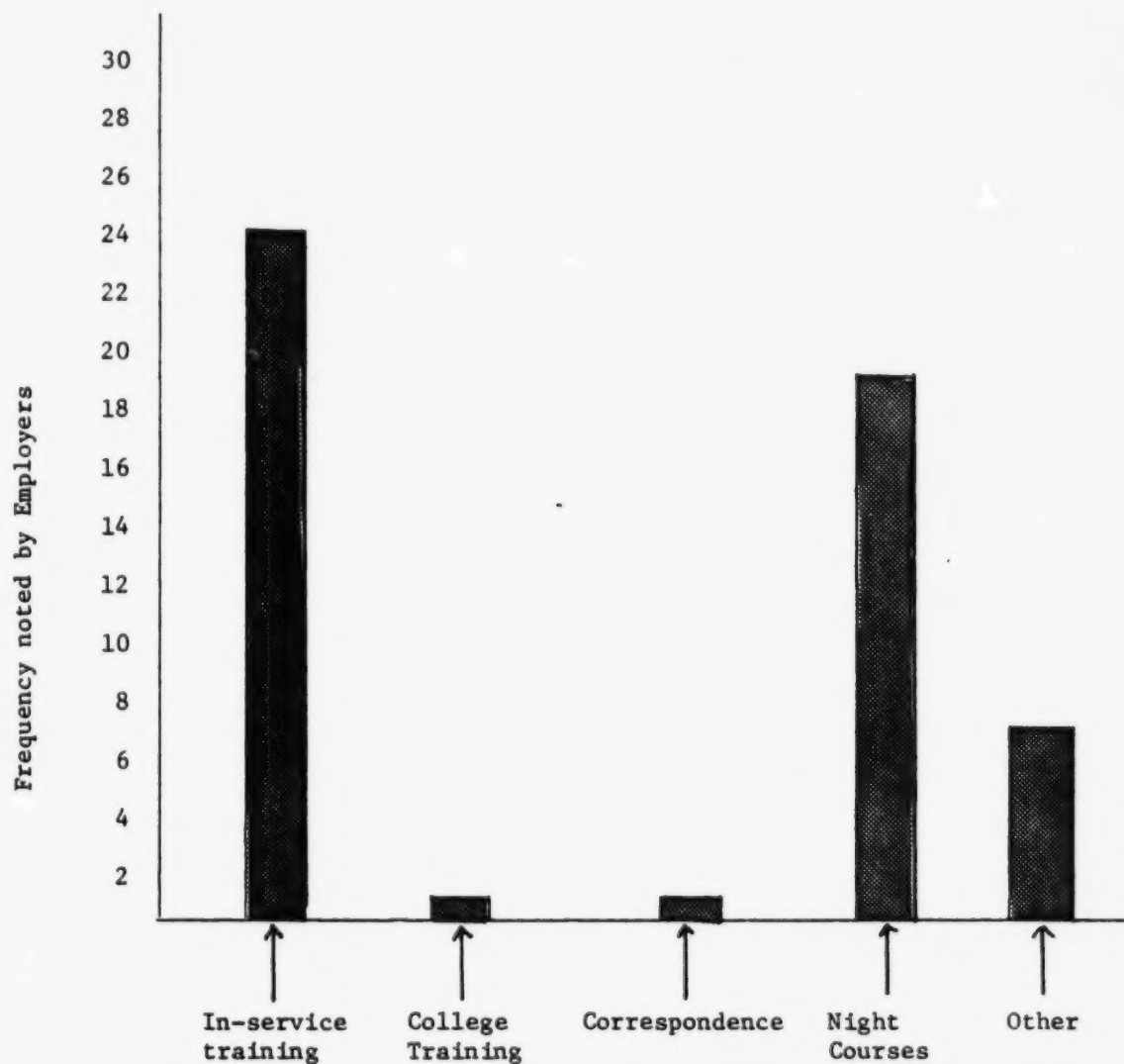
Employers were next asked how they would prefer to up-grade their present untrained personnel. As outlined in Graph 10, the preferred option was in-service training.

These administrators were also asked whether they were satisfied with the competency level of new graduates. Twenty-nine employers indicated they were satisfied, 21 did not state their opinion, and 10 employers indicated that they were not. Employers who reported that they were not satisfied with the training that new graduates received were asked what aspects they felt were missing from the training. The most common comments were that they felt the graduates required:

- a) more practical experience
- b) more specific employment related skills, and
- c) more preparation for the work environment.

GRAPH 10.

PREFERRED METHODS FOR UPGRADING CURRENT STAFF IN  
COMMUNITY SERVICE AGENCIES, DECEMBER, 1982



These observations are addressed further in sections IV and V, Issues and Recommendations, and Summary of Recommendations.

C. THE SCHOOL SYSTEM

1. Number of Personnel and Future Demand

When the present rehabilitation service programs were established there was very little consideration given to the manpower demand for rehabilitation practitioners within the school system. However, during the past several years, as a result of legislative changes in the United States brought about by Public Law 92-142 and the "Carriere Case" court decision in Alberta, a number of school districts have expanded their programs for moderately, severely and some profoundly handicapped children.

These changes have resulted in the establishment of a number of developmental assistant positions (teacher aides) in school board supported programs for moderately, severely and profoundly handicapped students. Many of these positions have been filled by rehabilitation service graduates. The developmental assistant positions appear to be parallel in skill requirement and level of responsibility to the rehabilitation practitioner I or II positions in the community and government sectors. This recent employment demand has intensified the difficulty that employers in residential and vocational areas are having in recruiting trained personnel.

In 1979 Alberta Education established a provincial committee to develop curricula for dependent handicapped children. The committee recommended that in classrooms for dependent handicapped children developmental assistant positions should be filled by graduates from rehabilitation service programs. Although school board guidelines on this matter seem to be lacking, personnel from the school districts contacted reported that they tend to follow this recommendation when rehabilitation service graduates are available.

Clarification of the recruitment qualifications for developmental assistants may remove some of the confusion that presently seems to exist about this role.

Table 11 summarizes the data obtained from the school districts contacted. Unfortunately, several were not able to provide accurate projections of their future manpower demands and therefore the data is sketchy at best.

Map 5 shows the geographical distribution of the present and future demand for developmental assistant positions.

TABLE 11.

NUMBER OF FULL-TIME DEVELOPMENTAL ASSISTANTS (REHABILITATION  
PRACTITIONER EQUIVALENTS) IN THE SCHOOL SYSTEM, AUGUST, 1982

| S C H O O L                                 | PRESENT | PROJECTED |     |     |     |
|---------------------------------------------|---------|-----------|-----|-----|-----|
|                                             | #       | '83       | '84 | '85 | '86 |
| Calgary Public School Board                 | 67      |           |     | N/A |     |
| Edmonton Public School Board                | 80      |           |     | N/A |     |
| Edmonton Catholic School District           | 21      | 5         | 10  | 0   | 0   |
| Ft. McMurray School District #32            | 0       | 0         | 2   | 2   | 4   |
| Lethbridge School Dist. #51                 | 8       | 0         | 7   | 7   | 7   |
| Red Deer Catholic Board of Education        | 0       |           |     | N/A |     |
| Red Deer School Dist. #104                  | 0       |           |     | N/A |     |
| St. Paul School Dist. #2228                 | 0       |           |     | N/A |     |
| Lloydminster Public School Division         | 0       |           |     | N/A |     |
| Lloydminster Catholic School Division       | 0       |           |     | N/A |     |
| Peace River School Div. #10                 | 0       |           |     | N/A |     |
| Lac La Biche Public School Division #51     | 1       |           |     | N/A |     |
| Grande Prairie Public School Division #2357 | 19      |           |     | N/A |     |
| Grande Prairie Catholic School District #28 | 0       |           |     | N/A |     |
| Medicine Hat Rural School Division #4       | 1       |           |     | N/A |     |
| Medicine Hat Catholic Board of Education    | 0       |           |     | N/A |     |
| TOTAL                                       | 197     | 5         | 19  | 9   | 11  |

N/A = Not available

MAP 5.

Number of Full-time Developmental Assistant (Rehabilitation Practitioner Equivalent) Positions in the School System by Region, August, 1982; and Projected to be Required by Region 1983-1986<sup>1</sup>



1. An \* indicates the estimated increases in number of Rehabilitation Practitioner positions for next 4 years. (There were no increases estimated in some regions.)

#### IV. SUMMARY

This report began by reviewing the reasons for the development of rehabilitation practitioners as a separate occupational group and then it went on to summarize the projections, comments and observations of representatives from all of the major agencies and services employing rehabilitation practitioners. It is important to note that the survey took place 7 years after the first training program was established to train rehabilitation practitioners in the province. The following points are intended to summarize the findings and general trends described in section III.

##### A. Manpower Demand

During the last few years, employers have come to recognize the need for employees with the combination of training and skill that rehabilitation practitioners possess.

1. In August, 1982, a total of 1,367 full-time rehabilitation practitioners, or equivalent positions, were reported in the public and private sector. (See Map 6).
2. Based on the continuing demand reported by the agencies, the total number of new rehabilitation practitioner positions will rise annually by approximately 10%. Approximately 147 new positions are estimated to be required annually during the

period 1983 - 1986. By 1986 approximately 588 new positions are projected to be required. (See Map 7). This does not include manpower demand resulting from staff turn-over. The estimated staff turn-over levels are shown in Table 12.

3. The community sector projects a dramatic growth in rehabilitation practitioner positions if funding is available. (See Table 13). Since community services are largely funded by government, they find it difficult to predict future growth. The reorganization of the Department of Social Services and Community Health and the recently announced controls on growth in government funded services has increased the difficulty faced by community service agencies forecasting future manpower needs.
4. While community agencies have experienced and continue to experience the most dramatic growth in services, government facilities have also recognized the importance of rehabilitation practitioners as the shift away from custodial care continues. School boards are also realizing the value of these personnel. Graph 14 shows the present and future proportion of rehabilitation practitioners employed in each of the major service sectors. The proportion projected for school systems in 1986 is not accurate due to incomplete data. Graph 15 shows the projected change in ratio between aide and rehabilitation

Number of Full-time Rehabilitation Practitioner Positions  
in Alberta, by Region, December, 1982

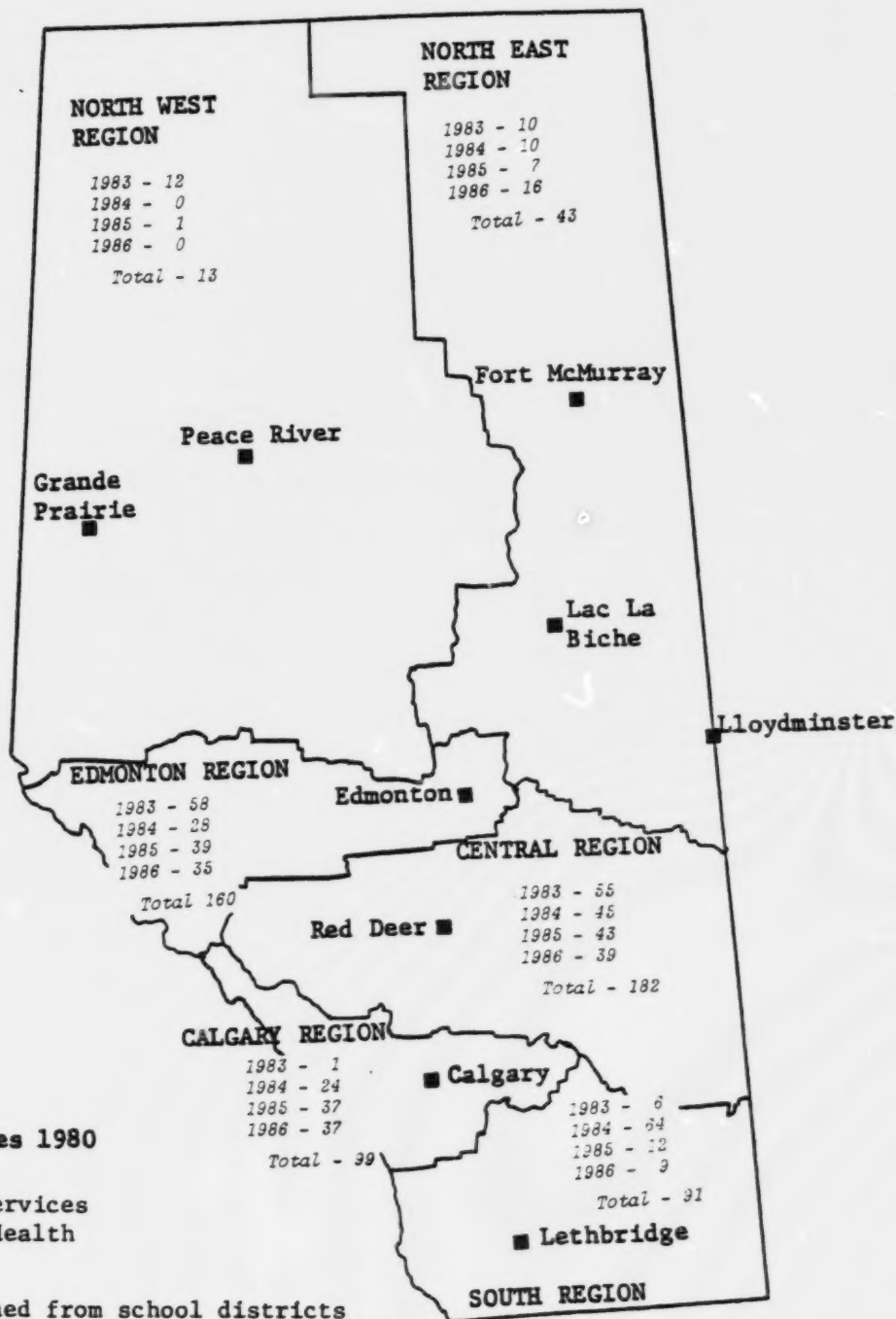


Regional Boundaries 1980

Alberta Social Services and Community Health

Note: Michener Centre data is included in the Central Region.

Estimated Number of New Full-time Rehabilitation Practitioner Positions  
Required by Alberta, by Region, 1983-1986



Note: 1. Data obtained from school districts is incomplete or unavailable in several instances.

2. Michener Centre data is included in the Central Region. Therefore, the projected manpower requirements are larger for this region.

3. Data does not include manpower demand resulting from staff turnover.

TABLE 12.

ESTIMATED NUMBER OF REHABILITATION PRACTITIONERS  
WHO WILL TERMINATE EMPLOYMENT ANNUALLY, BY EMPLOYER TYPE, 1983-1986

| Service        | 1983 | 1984 | 1985 | 1986 | Total |
|----------------|------|------|------|------|-------|
| Community      | 175  | 190  | 206  | 220  | 791   |
| Government     | 127  | 153  | 169  | 206  | 655   |
| *School System | N/A  | N/A  | N/A  | N/A  | N/A   |
| Total          | 302  | 343  | 375  | 426  | 1446  |

TABLE 13.

GROWTH EXPECTATIONS FOR REHABILITATION PRACTITIONERS POSITIONS, BY EMPLOYER  
TYPE, ALBERTA, 1983-1986

| Service        | 1983 | 1984 | 1985 | 1986 | Total |
|----------------|------|------|------|------|-------|
| Community      | 83   | 67   | 65   | 61   | 276   |
| Government     | 54   | 85   | 65   | 64   | 268   |
| *School System | 5    | 19   | 9    | 11   | 44    |
| Total          | 142  | 171  | 139  | 136  | 588   |

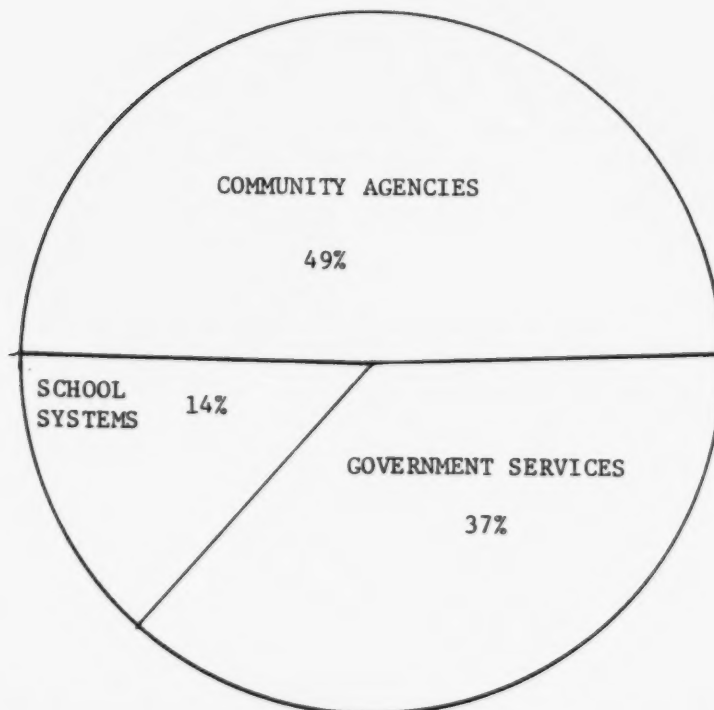
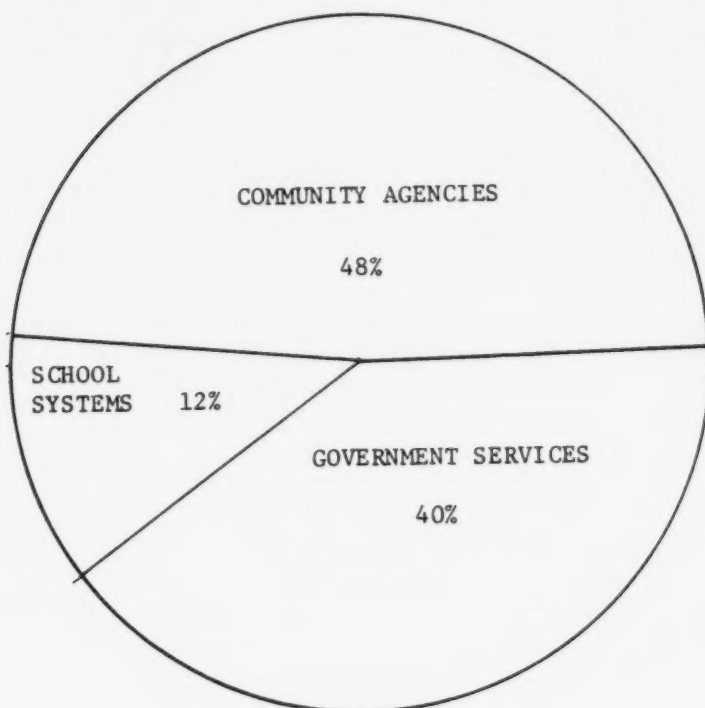
Note: Based on a turnover rate of 23.5%, as reported by the Survey of Employers of Health and Social Service Personnel, September 30, 1982, prepared by the Alberta Health and Social Services Disciplines Committee. Turnover rate =  $\frac{\text{number of resignations (FTE)}}{\text{number of positions (FTE)}} \times 100$

\*Note: Data obtained from school districts is incomplete or not available in some instances.

N/A: Not Available.

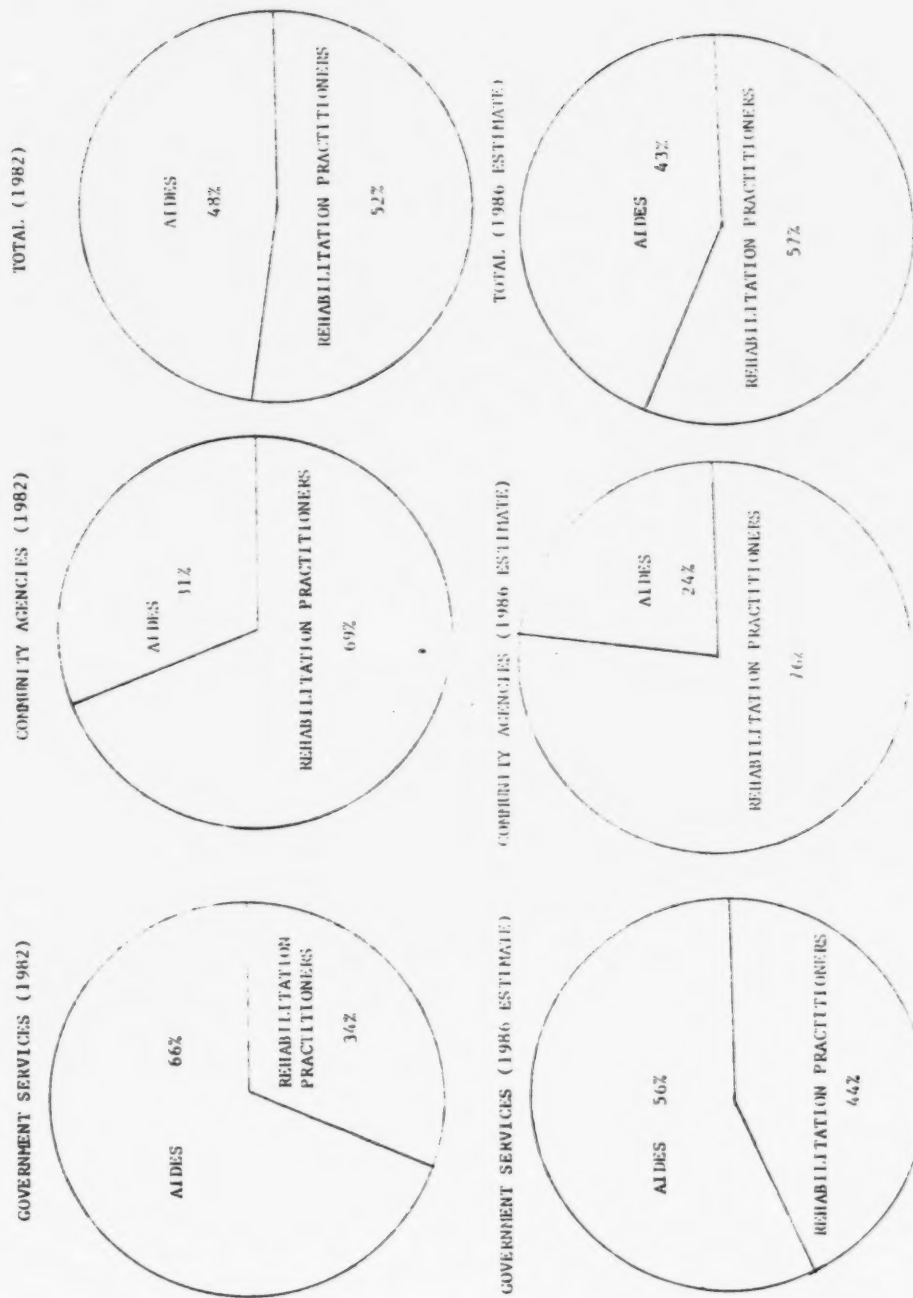
GRAPH 14.

PROPORTION OF REHABILITATION PRACTITIONERS EMPLOYED IN EACH  
OF THE MAJOR SERVICE SECTORS, 1982 AND 1986 FORECAST



GRAPH 15.

RATIO OF REHABILITATION PRACTITIONERS TO AIDES, 1982 AND 1986,  
IN COMMUNITY AND GOVERNMENT SERVICES



Note: 1. Data base excluded school systems because it was incomplete or not available in some instances.

2. The 1986 estimates are based on the assumption that there will be no growth in the number of aide positions from 1982-1986.

practition employees by agency type, for 1982 and 1986.

B. Training and Upgrading

Because the service system has continued to change, administrators of rehabilitation service programs will need to review a variety of feasible options in order to address the changing demands in the training of rehabilitation practitioners.

1. The roles of rehabilitation practitioners have changed in response to the shift from institutional to community-based services. Rehabilitation practitioners now work in a wide range of service environments that involve both mentally and physically handicapped persons. There is a growing need for additional training in several specialty areas.
2. Employers in both community agencies and government service reported a strong preference for up-grading their existing untrained personnel where feasible, rather than only hiring new graduates. Most of this activity in the government services is planned for Michener Centre.

Employers strongly supported the inservice option because: it encourages the motivated aide to progress within the organization and likely remain after completing training, and the upgraded employee is already familiar

with the procedures of the agency. They also stressed however, that they are not normally able to release or replace many staff while training because of the costs involved.

C. Manpower Supply

The growth in services for handicapped persons has resulted in a corresponding demand for rehabilitation practitioners that is greater than the supply of graduates from the rehabilitation service programs.

1. In September, 1982, the total intake quota for the 4 established programs was 165 places. During 1981/82 approximately 94 students completed their programs and were ready for employment.
2. In-migration and recruitment of rehabilitation practitioners from Ontario and the Maritimes has been and still is an important source of qualified personnel. The degree to which this will need to continue into the future is dependent upon the ability of this province to train and upgrade a larger proportion of those required.
3. If the present trends in both service growth and preference for rehabilitation practitioners over other occupational classifications continue, there will be a potential undersupply of approximately 212 graduates by 1986. This under supply will be accentuated if school boards continue to employ

rehabilitation practitioners as developmental assistants.

4. In addition to the manpower demand outlined above, based on the 23.5% turnover rate reported by the Survey of Employers of Health and Social Service Personnel September 30, 1982, approximately 1,446 rehabilitation practitioners will resign from employment with their respective employers during the next four years. Because turnover includes all reasons for resignations, changing agencies, changing jobs, etc., it is difficult to estimate how many of these personnel will leave the field. It is certain that some will need to be replaced by new workers.
5. The retention of rehabilitation practitioners in the various services is of primary importance as a responsibility of employers. Even if the training programs are expanded and out-of-province recruitment continues, little can be accomplished unless a high job retention rate is maintained.

The comments made by employers suggest that: the length of time the agency or facility has employed rehabilitation practitioners, their roles and responsibilities, and the supervisory practices of the agency, are factors that are directly related to the retention of these personnel.

## V. ISSUES AND RECOMMENDATIONS

This section outlines the major issues identified by the surveys and makes recommendations related to training and manpower supply.

### A. Issue: Curriculum Review

Some agencies and services are beginning to consider the possibility of training a new occupational worker because there are continuing shortages of adequately trained applicants. The most pressing shortage is for workers who are trained to work in the larger care and training centres with very dependent or disturbed handicapped persons. It is approximately 10 years since the curriculum for the first rehabilitation service program was developed in the Province.

#### 1. Recommendation

That the Provincial Rehabilitation Service Program Coordinators Committee meet with representatives of the major employing agencies, the Departments of Social Services and Community Health, Education, and Advanced Education to review the following points in relation to required program curriculum:

- a) employment options open to rehabilitation practitioners;
- b) job descriptions of such employment;
- c) entry level skill requirements of graduates; and

d) manpower demand.

2. Recommendation

That after completing a review of the present manpower demand and the objectives of the present rehabilitation service programs, a new set of goals and objectives be established by the rehabilitation service programs to provide program guidance and coordination for the next 5 years. These goals should be clearly communicated to all of the major stakeholders within the service system.

B. Issue - Occupational Specialization

In the past 10 years a number of program specialties and unique program areas have developed within the services provided for handicapped persons. While the rehabilitation service programs are designed to prepare graduates with the basic career entry-level skills, some of the specialized services are having difficulty recruiting personnel with competencies beyond that level.

The areas reporting the most difficulty are:

- institutions for the severely and profoundly handicapped;
- rural residential and vocational services;
- special behavior training services; and
- activity training programs.

### 3. Recommendation

That the Provincial Rehabilitation Service Program Coordinators Committee in consultation with major employing agencies and the Departments of Advanced Education, and Social Services and Community Health review specialized training requirements and identify feasible methods for meeting the need for supplemental training. (Some of the options may be: post-basic courses, in-service training programs, continuing education, and university transfer programs).

#### C. Issue: Manpower and Basic Training

The rehabilitation service programs were largely developed to prepare personnel for community-based services, where most of the system growth has occurred in the past 10 years. In addition, there is a growing demand for rehabilitation practitioners within government services. The projected manpower demand in the community services closely parallels the number of graduates that will become available yearly. Since positions in that area tend to be the most attractive to new graduates, the greatest proportion of the manpower short-fall will likely continue to be in the following areas:

- government services;
- rural services; and
- services for the most handicapped clients.

The combined demand from community, government and school

board operated services, for rehabilitation service graduates, is projected to exceed the supply from the four college programs by an average of 53 rehabilitation practitioners per year in each of the next four years. The projected shortfall will increase if school boards begin to regularly employ rehabilitation practitioners as developmental assistants. This projection does not include that proportion of rehabilitation practitioners who will leave this field of employment annually due to turnover. Although it is known that approximately 360 rehabilitation practitioners "turnover" annually, it is difficult to estimate how many of these personnel will leave the field and need to be replaced by new workers.

Over the past three years an average of 93 students per year have completed their studies in the four rehabilitation service programs.

#### 4. Recommendation

That in order to address the projected short-fall of rehabilitation practitioners and to re-evaluate the continuing manpower demand, consideration be given to expanding the existing program capacity for a 4-6 year period. The impact and costs of new program initiatives should also be assessed.

D. Issue: Upgrading and In-service

There is a lack of adequately trained rehabilitation practitioners in northern Alberta. Employers continue to hire untrained or inadequately trained staff for roles that are specialized, because there is an inadequate supply of properly trained manpower.

Many employers report that some of their employees who lack formal training are able and willing to benefit from further training. They also report that these people would be a good future source of trained personnel if a means of up-grading their skills were available.

5. Recommendation

That priority be given to rehabilitation service training projects for northern Alberta by establishing *new* brokering arrangements from existing programs.

6. Recommendation

That rehabilitation service programs, in close cooperation with local employers, be encouraged to develop innovative in-service training programs directed at up-grading the skill-level of untrained employees. (The training could be delivered using a variety of options such as self-study modules, challenge examinations and part-time study.)

7. Recommendation

That in-service training be carried out through short-term projects of 2-4 years and be based on commitments from employers for assistance with student

scheduling, practica, and tuition. (Employers must be committed to recognize and reinforce the new skills that graduates possess upon completion of training.)

E. Issue: Employment in Schools

The number of rehabilitation practitioners accepting employment as developmental assistants with school boards is increasing and therefore reducing the number of graduates available to the more traditional services.

8. Recommendation

That the role of rehabilitation practitioners in school programs for the mentally handicapped be clearly established through consultation with the Department of Education and major school boards. If it is determined that graduates from rehabilitation service programs have a distinct role as developmental assistants, then that manpower demand should also be included in future projections.

F. Issue: Post-graduate Training

There are very few post-basic training opportunities open to rehabilitation practitioners who wish to prepare for more advanced supervisory, clinical or specialist roles.

9. Recommendation

That the rehabilitation programs at the University of Alberta and the University of Calgary provide appropriate credit recognition to rehabilitation service graduates wishing to obtain advanced training.

## VI. SUMMARY OF RECOMMENDATIONS

### 1. Recommendation

That the Provincial Rehabilitation Service Program Coordinating Committee meet with representatives of the major employing agencies, the Departments of Social Services and Community Health, Education, and Advanced Education to review the following points in relation to required program curriculum.

- a) employment options open to rehabilitation practitioners;
- b) job descriptions of such employment;
- c) entry level skill requirements of graduates; and
- d) manpower demand.

### 2. Recommendation

That after completing a review of the present manpower demand and the objectives of the present rehabilitation service programs, a new set of goals and objectives be established by the rehabilitation service programs to provide program guidance and coordination for the next 5 years. These goals should be clearly communicated to all of the major stakeholders within the service system.

### 3. Recommendation

That the Provincial Committee of Rehabilitation Service Program Coordinators in consultation with major employing

agencies and the Departments of Advanced Education, and Social Services and Community Health review specialized training requirements and identify feasible methods for meeting the need for supplemental training. (Some of the options may be: post basic courses, in-service programs, continuing education, and university transfer programs.)

4. Recommendation

That in order to address the projected short-fall of rehabilitation practitioners and to re-evaluate the continuing manpower demand, consideration be given to expanding the existing program capacity for a 4-6 year period. The impact and costs of new program initiation should also be assessed.

5. Recommendation

That priority be given to rehabilitation service training projects for northern Alberta by establishing new brokering arrangements from existing programs.

6. Recommendation

That rehabilitation service programs, in close cooperation with local employers, be encouraged to develop innovative in-service training programs directed at up-grading the skill-level of untrained employees. (The training could be delivered using a variety of options such as self-study modules, challenge examinations and part-time study.)

7. Recommendation

That in-service training be carried out through short-term projects of 2-4 years and be based on commitments from employers for assistance with student scheduling, practica, and tuition. (Employers must be committed to recognize and reinforce the new skills that graduates possess upon completion of training.)

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That the role of rehabilitation practitioners in school programs for the mentally handicapped be clearly established through consultation with the Department of Education and major school boards. If it is determined that graduates from rehabilitation service programs have a distinct role as developmental assistants, then that manpower demand should also be included in future projections.

9. Recommendation

That the rehabilitation programs at the University of Alberta and the University of Calgary provide appropriate credit recognition to rehabilitation service graduates wishing to obtain advanced training.

## APPENDIX A

Survey of Employers of Rehabilitation  
Practitioners, Methodology and  
Questionnaire

## SURVEY METHODOLOGY

### Private Community Service Agencies

The Survey of Rehabilitation Practitioners in Community Service Agencies was conducted in August, 1982. In December, 1982, due to the changing economic climate, the information collected in August was reviewed and updated as required.

The following questionnaire was completed by the executive director or other senior representative of the agency by telephone. The identity of the caller, the purpose of the survey and the definitions used were thoroughly explained prior to completing the questions. The administrators were free from pressure to respond and their answers were understood to represent the present position of the agency. Response to the data request was excellent although some follow up calls were required.

The community service agencies contacted were identified by using the mailing list compiled for the Alberta Health and Social Services Disciplines Committee's, Survey of Employers of Health and Social Service Personnel. This was supplemented by using the Guide to Community and Residential Resources, prepared by the Child Welfare Branch of Alberta Social Services and Community Health. Initially 68 agencies were identified. As many of these agencies did not employ rehabilitation practitioners this total was reduced to 44. The listing was reviewed again in November. At that time 60 employers were contacted. Those that had completed the survey previously simply verified or updated the data as required. Those that had not completed the survey previously, did so at that time.

### Government Agencies

Alberta Social Services and Community Health provided the data in March, 1982 from their personnel records system. In August, 1982 this information was verified and updated as required by contacting both Social Services and Community Health Personnel Office and the individual services. The same form and methodology was used for the service agencies as was used for the private community service agencies. These agencies were not contacted and asked to verify and update the information in December 1982. Michener Centre administrators revised the original data they had provided regarding projections in January.

### School System

The larger school boards in the major centres were identified and contacted in August, 1982. The same questionnaire and methodology was used as was used for both private community service agencies and government service agencies. These administrators were not contacted and requested to verify and update the information in December 1982.

### Survey Limitations

1. The data used in the report was based on the service practices projections and plans known to senior agency personnel, but the budget control required to make major personnel and classification changes is largely the responsibility of boards of directors, boards of education and the Departments of Social Services and Community Health and Education.
2. The period of financial restraint which began in the spring of 1982 has had some predictable results that are included in the report, but there may also be unpredictable changes and demands in the agencies and services.
3. It is uncertain what effect the increased rate of employment (approximately 11%, February 1983) will have on the supply of presently trained rehabilitation practitioners. Some of those who had earlier left this field of employment may return.
4. The effects of staff turn-over has not been included in the projections for future manpower demand.

## QUESTIONNAIRE

Telephone:

- No

- ## Aide

- Yes \_\_\_\_\_ No \_\_\_\_\_

## Aide

Note: F.T. - P.T. may be counted together if necessary 1984-1986.

5. Would you prefer to upgrade your present employee's training to fill new or vacant positions or would you prefer to hire new graduates from the rehabilitation practitioners training programs?

Upgrade \_\_\_\_\_ Hire \_\_\_\_\_ Satisfied \_\_\_\_\_

(If upgrade) How would you prefer to upgrade your present employees?

\_\_\_\_\_ in-service training  
\_\_\_\_\_ extra school training (explain \_\_\_\_\_)  
\_\_\_\_\_ correspondence courses  
\_\_\_\_\_ evening classes  
\_\_\_\_\_ other (explain \_\_\_\_\_)

6. Do the graduates from the Rehabilitation Service Programs meet your expectations? Specifically, do they demonstrate an appropriate level of competency.

\_\_\_\_\_ Yes \_\_\_\_\_ No

(If no) How would you prefer to achieve an appropriate level of training for these graduates?

\_\_\_\_\_ in-service training  
\_\_\_\_\_ extra school training (explain \_\_\_\_\_)  
\_\_\_\_\_ correspondence courses  
\_\_\_\_\_ evening classes  
\_\_\_\_\_ other (explain \_\_\_\_\_)

(If no) What aspects are missing from their training?

Completed by:

Telephone:

Telephone calls:

|        | Time  | Day   | Contact | Action |
|--------|-------|-------|---------|--------|
| Call 1 | _____ | _____ | _____   | _____  |
| 2      | _____ | _____ | _____   | _____  |
| 3      | _____ | _____ | _____   | _____  |

Interview notes:

APPENDIX B

Listing of Agencies Contacted

LISTINGS OF AGENCIES AND FACILITIES CONTACTED

A.C.T. Recreation Centre (City of Edmonton)  
2909 -113 Avenue  
Edmonton, Alberta

Arch Enterprises and Training Association of Edmonton  
9537 - 62 Avenue  
Edmonton, Alberta

Baker Centre  
5115 - 85 Street N.W.  
Calgary, Alberta

Calgary Association for the Mentally Retarded  
#211, 1147 - 17 Avenue S.W.  
Calgary, Alberta

Calgary Public School Board  
515 McLeod Trail S.E.  
Calgary, Alberta

Calgary Residential Services Society  
3410 Spruce Drive, S.W.  
Calgary, Alberta

Camrose and District Association for Mentally Retarded  
Box 1913  
Camrose, Alberta

Catholic Social Services  
8815 - 99 Street  
Edmonton, Alberta

Central Alberta Community Residence Society  
5008 - Ross Street  
Red Deer, Alberta

Centra-Cam Vocational Training Association  
Box 1443, 4502 - 39 Street  
Camrose, Alberta

Cerwood Enterprises  
42 - Airport Road  
Edmonton, Alberta

Chimo Youth Retreat Society  
11756 - 95 Street  
Edmonton, Alberta

Community Behavior Services  
12813 - 116 Avenue  
Edmonton, Alberta

Community Behavior Services  
(Radium Unit)  
5115 - 85 Street N.W.  
Calgary, Alberta

Cosmos Enterprises  
#1, 7428 - 49 Avenue  
Red Deer, Alberta

C.O.P.E. Rocky Mountain House Pilot Parent's Association  
3423 - 51 Street  
Rocky Mountain House, Alberta

Dove Center/Grandeville Residential Services for the Handicapped  
Box 2159  
Bonnyville, Alberta

Drayton Valley Association for the Developmentally Handicapped  
Box 1912  
Drayton Valley, Alberta

Drumheller Association for Retarded Children  
Box 1227  
Drumheller, Alberta

Drumheller Developmentally Handicapped Education Society  
Box 2108  
Drumheller, Alberta

Edmonton Association for the Mentally Retarded  
11130 - 131 Street  
Edmonton, Alberta

Edmonton Sheltered Workshop Association  
7305 - 99 Street  
Edmonton, Alberta

Edmonton Public School Board  
10010 - 107 A Street  
Edmonton, Alberta

Edmonton Catholic School District  
9807 - 106 Street  
Edmonton, Alberta

Eric Cormack Centre & Rose Crest Home  
9835 - 112 Street  
Edmonton, Alberta

Falcon-Hurst Villa Wainwright and District Association for the  
Mentally Handicapped  
Box 861  
Wainwright, Alberta

Foothills Association for the Mentally Retarded  
Box 507  
Coleman, Alberta

Fort McMurray Association for the Mentally Retarded  
Box 5086  
Fort McMurray, Alberta

Fort McMurray Catholic School District  
9807 - Main Street  
Fort McMurray, Alberta

Fort McMurray Salvation Army  
Box 8013  
Fort McMurray, Alberta

Good Samaritan Society of Edmonton  
Box 8190  
4th Floor, 4225 - 107 Street  
Edmonton, Alberta

Goodwill Rehabilitation Services of Alberta  
10215 - 112 Street  
Box 1680  
Edmonton, Alberta

Grande Prairie and District Association for the Mentally Retarded  
9618 - 101 Avenue  
Grande Prairie, Alberta

Grande Prairie Public School District  
10213 - 99 Street  
Grande Prairie, Alberta

Grande Prairie Separate School District  
10715 - 102 Street  
Grande Prairie, Alberta

Horizon School for Exceptional Children  
Box 1743  
Olds, Alberta

Innisfail and Area Society for Children with Special Needs  
5304 - 38 Street  
Innisfail, Alberta

Lac La Biche Public School District  
Lac La Biche, Alberta

Lacombe Action Group for the Handicapped  
Box 313  
Lacombe, Alberta

L'Arche Association of Edmonton  
6107 - 97A Avenue  
Edmonton, Alberta

L'Arche Association of Calgary  
808 - 69 Avenue S.W.  
Calgary, Alberta

Lamoreux Children's Residence  
Box 3540  
Fort Saskatchewan, Alberta

Lethbridge Public School Division  
1805 - 9 Avenue N.  
Lethbridge, Alberta

Lloydminster and District Association for the Mentally Retarded  
Box 492  
Lloydminster, Alberta

Lloydminster Catholic School Division  
52166 - 44 Street  
Lloydminster, Alberta

Lloydminster Public School Division  
5017 - 46 Street  
Lloydminster, Alberta

Lloydminster and District Sheltered Workshop and Training Center Society  
3514 - 51 Avenue, Box 296  
Lloydminster, Alberta

Medicine Hat and District Association for the Mentally Retarded  
974 - 13 Street S.W.  
Box 411  
Medicine Hat, Alberta

Medicine Hat Catholic Board of Education  
1215 1 Avenue S.W.  
Medicine Hat, Alberta

Medicine Hat Rural School Division  
147 6 Street E.  
Medicine Hat, Alberta

Medicine Hat Rehabilitation Society  
860 Allowance Avenue S.E.  
Medicine Hat, Alberta

Mitchener Centre  
Box 5002  
Red Deer, Alberta

Mountainview Association for the Mentally Retarded  
Box 1743  
Olds, Alberta

North Central Association for the Mentally and Related Handicapped  
Box 90  
Barrhead, Alberta

Peace River and District Association for People with Special Needs  
Box 1952, 9630 - 89 Avenue  
Peace River, Alberta

Peace River School Division #10  
10020 - 101 Street  
Peace River, Alberta

Providence Child Development Center  
5232 - 4th Street S.W.  
Calgary, Alberta

Rehabilitation Society of Calgary  
1112 Memorial Drive, N.E.  
Calgary, Alberta

Red Deer Association for the Mentally Handicapped  
6016 - 45 Avenue  
Red Deer, Alberta

Red Deer Catholic Board of Education  
3827 - 39 Street  
Red Deer, Alberta

Red Deer School District #104  
4747 - 53 Street  
Red Deer, Alberta

Rehabilitation Society of Southwestern Alberta  
1610 - 29 Street N.  
Lethbridge, Alberta

Resicare Society of Calgary  
656 Marion Crescent N.E.  
Calgary, Alberta

Resources for the Dependent Handicapped  
8810 - 65 Avenue  
Edmonton, Alberta

Robin Hood Residences Association  
#3 Spruce Avenue  
Sherwood Park, Alberta

Self-Help Calgary  
1114 - 6th Avenue S.W.  
Calgary, Alberta

Smoky River and District Association for the Mentally Retarded  
Box 453  
Falher, Alberta

Social Services and Community Health,  
Personnel Division,

Society for Knowledge in Learning Living Skills of Greater Edmonton  
#204, 10222 - 140 Street  
Edmonton, Alberta

Southern Alberta Community Living Association  
1904 - 13 Avenue N., Chinook Hall  
Lethbridge, Alberta

St. Paul and District Association for the Mentally Retarded  
Box 457  
St. Paul, Alberta

St. Paul School District #2228  
4901 - 47 Street  
St. Paul, Alberta

Stettler Columbus Residence Society  
Box 382  
Stettler, Alberta

Swan Industries  
9614 Richmond Avenue  
Grande Prairie, Alberta

Vegreville and District Association for the Mentally Retarded  
Box 898  
Vegreville, Alberta

Vermillion and District Association for the Mentally Retarded  
Box 567  
Vermillion, Alberta

Vocational and Rehabilitation Research Institute  
3304 - 33 Street N.W.  
Calgary, Alberta

Western Industries Research and Training Center  
13325 St. Albert Trail  
Edmonton, Alberta

Wetaskiwin and District Association for the Mentally Retarded  
Box 6028  
Wetaskiwin, Alberta

Wetaskiwin Centre  
4704 - 57 Avenue  
Wetaskiwin, Alberta

## APPENDIX C

### Definitions

### Definitions

- Aide
- Job description
    - Assisting and observing the clients health and hygiene and reporting to an immediate supervisor;
    - Assisting with the planning and organizing of a daily routine and promoting the development of a program;
    - Maintaining communications with other components, co-workers and general public.
    - A High School education with related social service experience.
- R.P. I
- Job description
    - The delivery of established care and developmental programs;
    - The ability to design and deliver basic program of a less complex nature.
    - Maintenance of individual client's records.
    - A general degree in the area of social service/or a one-year certificate from a recongnized community college.
- R.P. II
- Job description
    - Overall supervision of duties of the 2 previous positions
    - Supervision of development and delivery of a number of rehabilitation programs.
    - A greater degree of professional and/or supervisory competencies than an R.P. I or a 2 year diploma from a recognized community college.
- R.P. III
- Job description
    - Supervises or administers a designated work unit or project.
    - Coordinates and delivers several programs within a unit.
    - Performs advanced rehabilitation work.
    - Provides advice and guidance to specialized program units.
    - Is distinguished from R.P. II by more responsibility for supervision and expertise in developing and delivering specialized programs.
- Full Time
- Full time employees work thirty hours or more per week.
- Part Time
- Part time employees work less than thirty hours per week.
- Turnover Rate
- $\frac{\text{Number of resignations (f.t. equivalents)}}{\text{Number of established positions (f.t. equivalents)}} \times 100$